

BOARD OF SUPERVISORS

Brown County



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HUMAN SERVICES COMMITTEE

Erik Hoyer, Chair

Patrick Evans, Vice Chair

Joan Brusky, Thomas De Wane, Aaron Linssen

HUMAN SERVICES COMMITTEE

WEDNESDAY, JANUARY 22, 2020

6:00 PM

Room 200, Northern Building
305 E. Walnut Street, Green Bay

**NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION
ON ANY ITEM LISTED ON THE AGENDA**

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of November 20, 2019.

Comments from the Public.

Report from Human Services Chair, Erik Hoyer.

1. Review Minutes of:

- a. Board of Health (September 17, 2019).
- b. Children with Disabilities Education Board (November 19, 2019).
- c. Criminal Justice Coordinating Board (December 10, 2019).
- d. Mental Health Treatment Subcommittee (October 16, 2019).
- e. Supervised Release Committee (November 29, 2019).
- f. Veterans' Recognition Subcommittee (November 19, 2019).

Communications

2. Communication from Human Services Committee Chair Hoyer re: Presentation by HR in response to comments from dietary employees at the last Human Services meeting including information about turnover and class and comp ranges. *Action at November meeting: To hold for 30 days to have Administration address the concerns raised and report back. November motion: Hold for 30 days.*
3. Communication from Supervisor Tran re: Crisis Center – with no direct bus line, how do we meet the needs of people? Vouchers to get there? What if they're wheelchair-bound, how do they get there? *Referred from December County Board.*

Wind Turbine Update

4. Receive new information – Standing Item.

Health & Human Services Department

5. Resolution Regarding Table of Organization Change for the Health and Human Services Department – Community Treatment Center Division Dietary Unit.
6. Resolution Regarding Table of Organization Change for the Health and Human Services Department – Community Services Division Social Worker/Case Manager (CLTS).

7. Executive Director's Report.
8. Financial Report for Community Treatment Center and Community Services.
9. Statistical Reports.
 - a) Monthly CTC Data.
 - i. Bay Haven Crisis Diversion.
 - ii. Nicolet Psychiatric Center.
 - iii. Bayshore Village (Nursing Home).
 - iv. CTC Double Shifts.
 - b) Child Protection – Child Abuse/Neglect Report.
 - c) Monthly Contract Update.
10. Request for New Non-Contracted and Contract Providers.

ADRC – No agenda items.

Syble Hopp School – No agenda items.

Veterans Services – No agenda items.

Other

12. Audit of bills.
13. Such other Matters as Authorized by Law.
14. Adjourn.

Erik Hoyer, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda.

Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the Brown County Human Services Committee was held on Wednesday, November 20, 2019 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, WI.

Present: Chair Hoyer, Supervisor De Wane, Supervisor Evans, Supervisor Brusky
Excused: Supervisor Linssen
Also Present: Health and Human Services Director Erik Pritzl, Deputy Executive Jeff Flynt, Public Health Officer Anna Destree, Nursing Home and Hospital Administrator Samantha Behling, Community Services Administrator Jenny Hoffman, Director of Administration Chad Weininger, Judge Thomas Walsh, Judge Donald Zuidmulder, Finance Manager Erik Johnson, Secretary Stacy Spang, Social Worker – Case Manager Jessica Passamoni, Social Worker – Case Manager Cassie Beining, other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 6:00 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of October 23, 2019.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

Comments from the Public. None.

Report from Human Services Chair, Erik Hoyer.

Chair Hoyer thanked the Committee and departments for all of their efforts during the budget process. He was pleased with how smoothly the Human Services portion of the budget was carried out.

1. Review Minutes of:

- a. Aging & Disability Resource Center – Nominating & Human Resources Meeting (December 13, 2018 & Board Meeting (August 22, 2019).
- b. Human Services Board (October 10, 2019).
- c. Veterans' Recognition Subcommittee (October 15, 2019).
- d. Board of Health (July 16, 2019).

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to suspend the rules to take Items 1 a, b, c & d together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file Items 1 a, b, c & d. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Treatment Courts

2. Treatment Court Update from Judge Zuidmulder.

Judge Zuidmulder provided information regarding current numbers in each of the Treatment Courts, a copy of which is attached. He continued that he met recently with several members of the

Oneida Nation because the Oneida Nation wants to start a Wellness Court in partnership with the Treatment Courts. They discussed what the Treatment Courts do and how they work. Judge Zuidmulder finds it exciting that the Treatment Courts have become such a model in Brown County that there are partners who want to be involved. He feels the Oneida Nation may be starting something within the next two months. Their program could be connected to the diversion program working through the District Attorney's Office or it could be post-disposition and if it is done that way Oneida Nation would have to partner with the Circuit Court Judges.

Judge Zuidmulder continued by introducing Judge Walsh to the Committee. He informed that Judge Walsh is the Heroin Court Judge and is an example of the great public servants we have in Brown County in that when Judge Walsh sees a problem, he wants to fix it. Judge Zuidmulder continued that Milwaukee County currently has a hybrid court of several different treatment courts to help kids who are taken away from parents because of drug, alcohol or mental health problems. Judge Walsh intends to start a similar court here in Brown County.

Supervisor Evans arrived at 6:05 pm.

Judge Walsh said the Family Drug Treatment Court he intends to start in Brown County would be the sixth Treatment Court in the county. He provided information regarding Family Treatment Courts, a copy of which is attached. Judge Walsh thanked Health and Human Services Director Erik Pritzl for his support and noted that Pritzl has been instrumental in making the Family Drug Treatment Court become a reality. Judge Walsh informed he first heard of this model about five years ago and has been to Milwaukee to observe their model. The Family Drug Treatment Court is designed to help families whose children are involved in the CHIPS system. The purpose of the program would be to bring people in to the Family Drug Treatment Court who have substance abuse issues and give them specialized assistance to try to obtain some better outcomes.

Judge Walsh continued that a team is currently being assembled which will include representatives of Corporation Counsel, the DA's Office, the Public Defender's Office and a Social Worker. He has been in touch with the judges in Milwaukee who set their program up and their staff will be travelling to Brown County to meet with the team and give them some training. Judge Walsh is hoping to start taking people into the program after the first of the year. He continued that there is grant money available and those funds usually come out in May and he is hoping to apply for a grant to expand the model. In short, this is a Treatment Court model that will draw people in from the CHIPS system.

Supervisor Brusky said she applauds the work of the Treatment Courts and the Family Drug Treatment Court explained sounds really good. She asked how long Milwaukee has had their Family Drug Treatment Court and Judge Walsh informed Milwaukee started their program in the mid-2000s. Judge Walsh informed that before he was a Judge he was a family law attorney and he has a passion for things like this and informed he will continue to be the Heroin Court Judge as well. Judge Walsh continued that there will still be an adequate number of people in the Treatment Courts even though there are people currently enrolled in other Treatment Courts that have children under CHIPS order who would likely be funneled into the Family Treatment Drug Court. This would then free up spots in some of the other courts for people who do not have children.

Supervisor De Wane complimented Judge Zuidmulder and Judge Walsh for all their work on the Treatment Courts. He said he has always been a big proponent of the Treatment Courts and sees a lot of success in them. Judge Walsh thanked De Wane for the compliment and said the people running the courts get as much out of the program as the participants. He said he loves doing this and will continue to do so.

Hoyer also thanked the Judges for their work with the Treatment Courts and complimented them on their innovativeness in always looking at ways to come up with new things. He also mentioned he was glad to see that the newest Circuit Court Judge, Beau Liegeois, will be taking over the Veterans

Treatment Court. Judge Zuidmulder informed that Judge Liegeois is a veteran and was also the DA's office liaison with the Veterans' Treatment Court for a long time so this was a natural thing for Judge Liegeois.

With regard to the OWI Treatment Court, Judge Zuidmulder advised the numbers are very large and there may need to be future conversations about splitting off to have another subset. There are currently about 33 participants in the Court and he feels that is pushing the numbers a little bit. Hoyer asked when we may see the first graduates of the OWI Treatment Court. Judge Zuidmulder said the national model is 12 -14 months and he feels that is an accurate timeline. Those in the OWI Treatment Court are fourth time offenders and above and the profile is .18 or above. The issue is how stable they are because most of these participants are being charged at the felony level and are on a three year probation period so when they finish with the Treatment Court they are passed on to Probation and Parole so they continue to have some type of supervision.

Judge Zuidmulder continued that a survey was done on night OWI warrants throughout the state of Wisconsin and the survey showed that Milwaukee County accounted for 16% of all of the OWI blood draws, and Brown County followed at 14% of all OWI blood draw warrants. OWI is a big issue in our town. Judge Zuidmulder feels there has been a culture of drinking here for a very long time and we have tried traditional tools, but that has not been very successful. It is clear that the issue really exists, and we need to be innovative in trying to get a better handle on it.

With regard to the Family Drug Treatment Court, Supervisor Evans asked if there will be funds needed in 2020 for this. Judge Walsh said it is his understanding that funds for this have been built in to the Human Services 2020 budget. Evans said he likes to do things systematically when it comes to the budget. The Treatment Courts continue to grow and although he does not have a problem funding these things, it seems like the Board is frequently being asked for funding for additional staff or other things and he would just like to see things done a little more systematically. Judge Zuidmulder said the dollars that are being diverted to this are dollars that are currently being used ineffectively. What is being done is taking the same dollars and putting them in to a new program to get better results. Evans noted there are issues in a number of different areas that could use funding and he wants to be sure that it does not come off as the Treatment Courts being more important than any other area. Judge Zuidmulder reminded the Committee that what he does with Treatment Courts does not fall under his responsibilities as a constitutional officer and he is not compensated for it. Evans understands this and said he does not feel the Treatment Courts are a waste of money at all and it should be noted that Judge Zuidmulder has gone well beyond what is expected of him.

Brusky thanked both Judge Zuidmulder and Judge Walsh for their work with the Treatment Courts and asked if Judge Walsh would be desirous of giving up the Heroin Court to focus on the Family Drug Treatment Court. Judge Walsh responded that he likes the the work he does with the Heroin Court and he also has a passion for the new Treatment Court being formed. He is happy to do both treatment courts.

No action taken.

Communications.

3. **Communication from Human Services Committee Chair Hoyer re: Presentation by HR in response to comments from dietary employees at the last Human Services meeting including information about turnover and class and comp ranges. Action at November meeting: To hold for 30 days to have Administration address the concerns raised and report back.**

Director of Administration Chad Weininger informed HR is working with the CTC on coming up with a few proposals, but this process is not complete at this time. He is hoping to have something to bring forward soon, hopefully by the next meeting.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to hold for 30 days. Vote taken.
MOTION CARRIED UNANIMOUSLY

4. **Communication from Supervisor Schadewald re: Request for a resolution supporting strategies to tackle E-cigarette epidemic in our youth of Brown County. *Referred from November County Board.***

Hoyer informed the Board of Health introduced this as an idea and verbalized it to this Committee. Health and Human Services Director Erik Pritzl provided a draft resolution, a copy of which is attached, that was discussed by the Board of Health on several occasions. At the Board of Health meeting last night, this draft was approved.

Evans asked if Supervisor Schadewald was at the Board of Health meeting last night and, if so, how he voted on this draft resolution. Public Health Officer Anna Destree responded that Schadewald was at the meeting and the draft resolution was passed unanimously. Evans asked how old someone has to be to buy vaping cartridges. Destree responded that at this time you have to be 18 to buy vaping cartridges, as well as cigarettes, however, there is currently a Bill to change that to 21.

The appropriate process to get this on the County Board Agenda as well as to State Representatives was discussed as it appears that this Committee is in favor of it.

Motion made by Supervisor Evans, seconded by Supervisor De Want to support this resolution and forward it on to the Executive Committee with a financial impact attached and that it also be distributed to the State Representatives and Senators that represent Brown County. Vote taken.
MOTION CARRIED UNANIMOUSLY

Wind Turbine Update

5. **Receive new information – Standing Item.**

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health & Human Services Department

6. **Presentation on Organizational Effectiveness.**

Pritzl introduced Secretary Stacy Spang, Social Worker – Case Manager Jessica Passamoni and Social Worker – Case Manager Cassie Beining to the Committee. These individuals work in Child Protective Services and have been working on the organizational effectiveness process. There has been a lot of talk about Child Protective Services in the past and organizational effectiveness is one of the things available to them as a tool and is supported by the Department of Children and Families and Child Welfare Professional Development System. Tonight this group is going to make the Committee aware of what is being done with this in their Department. A copy of the Power Point presented is attached hereto. Following the presentation, several questions of Supervisors were answered by the presenters.

No action taken.

- 6.1 **Budget Adjustment Request (19-092) – Any increase in expenses with an offsetting increase in revenue.**

Brown County has received two 2019 addendums to revise the county's annual CLTS (Children's Long Term Services) contract allocation from the State for reducing the CLTS wait list. This budget adjustment increases revenue for this program and the related purchased services expense with outside vendors.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

6.2 Budget Adjustment Request (19-093) – Any increase in expenses with an offsetting increase in revenue.

This budget adjustment is in regard to supplemental award amount received from the State for 2019 Mental Health Block Grant. This is an addition to the state grant received each year for community services provided to individuals with mental illness.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

6.3. Budget Adjustment Request (19-094) – Any increase in expenses with an offsetting increase in revenue.

This budget adjustment is in regard to NNAI-MAT within a jail setting which is a new State grant for Medication Assisted Treatment for inmates with opioid addiction.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

7. Executive Director's Report.

Director Pritzl talked about the Family Recovery/Drug Court as referenced earlier by Judge Walsh and informed the first meeting with system stakeholders is one of the first steps to be taken according to a planning guide provided by a national organization. At this time they are gathering data and looking at the numbers with the idea that they want to start small and grow with existing resources. Pritzl noted there are grants available for this and they want to put themselves in the position to apply for a grant and Pritzl feels with the new positions next year, time can be allocated to this. He pointed out that this is not really taking on new work; it is more taking on work differently.

With regard to the crisis assessment center, Pritzl informed they are almost done with the architects and design and full designs should be coming forward in the next few months.

Pritzl continued that there has not been much action at the State level with regard to the secure residential care center. The Joint Committee on Finance has not taken any action on this and that is where it currently sits at this time.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Financial Report for Community Treatment Center and Community Services.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Statistical Reports.

a) Monthly CTC Data.

- i. Bay Haven Crisis Diversion.**
- ii. Nicolet Psychiatric Center.**
- iii. Bayshore Village (Nursing Home).**
- iv. CTC Double Shifts.**

b) Child Protection – Child Abuse/Neglect Report.

c) Monthly Contract Update.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to suspend the rules to take Items 9a, ai, aii, aiii, aiv, b and c together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file Items 9a, ai, aii, aiii, aiv, b and c. Vote taken. MOTION CARRIED UNANIMOUSLY

10. Request for New Non-Contracted and Contract Providers.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Closed Session

11. Potential Sale of a Brown County Owned House, Currently Rented Out as a Community Based Residential Facility (CBRF), a/k/a "Our Place", Located at 1501 North Irwin Avenue, Green Bay, WI 54302.

- a. Open Session: Motion and Recorded Vote pursuant to Wis. Stats. Sec. 19.85(1), regarding going into closed session pursuant to Wis. Stats. Sec. 19.85(1)(e), i.e., for deliberating or negotiating the sale of public properties, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session, in particular, regarding "Our Place", located at 1501 North Irwin Avenue, Green Bay, WI 54302.

Motion made by Supervisor Brusky, seconded by Supervisor Evans to enter into closed session. Roll Call Vote Taken. Ayes: Supervisor Brusky, Supervisor Evans, Chair Hoyer, Supervisor De Wane. MOTION CARRIED UNANIMOUSLY

- b. Convene Into Closed Session: Pursuant to Wis. Stats. Sec. 19.85(1)(e), the governmental body shall convene into closed session for purposes of deliberating or negotiating the sale of public properties, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session, in particular, regarding the potential sale of a Brown County owned house, currently rented out as a CBRF, a/k/a "Our Place", located at 1501 North Irwin Avenue, Green Bay, WI 54302.

Motion made to return to open session. Roll Call Vote Taken. Ayes: Supervisor Brusky, Supervisor Evans, Chair Hoyer, Supervisor De Wane. MOTION CARRIED UNANIMOUSLY

- c. Reconvene Into Open Session: The governmental body shall reconvene into open session for possible voting and/or other action regarding the potential sale of a Brown County owned house, currently rented out as a CBRF, a/k/a "Our Place", located at 1501 North Irwin Avenue, Green Bay WI 54302.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to direct staff to proceed with negotiations as discussed. Vote taken. MOTION CARRIED UNANIMOUSLY

ADRC – No agenda items.

Syble Hopp School – No agenda items.

Veterans Services – No agenda items.

Other

12. Audit of bills.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to acknowledge receipt of the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

13. Such other Matters as Authorized by Law.

The next meeting date was discussed and it was decided by the Committee to not hold a December meeting. The next meeting will then be held on January 22, 2020 at 6:00 pm.

14. Adjourn.

Motion made by Supervisor Brusky, seconded by Supervisor De Wane to adjourn at 7:27 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

PROCEEDINGS OF THE BOARD OF HEALTH MEETING
TUESDAY, SEPTEMBER 17, 2019 5:00 PM
Duck Creek Center
2198 Glendale Avenue
Green Bay, WI 54303

Present: Richard Schadewald, Edward Morales, Cheryl Weber, Karen Sanchez, Jay Tibbetts, Cynthia Brown-Sullivan

Excused: Susan Molenaar

Others Present: Brown County Supervisor Alex Tran, Anna Destree, Ann Steinberger, Andrea Kressin, Katie Ledvina, Megan Buczek, Kayla Gorman, Barbara Vanden Boogart, William Acker

1. Call to Order, Welcome

Chairman Richard Schadewald called the meeting to order.

2. Approval / Modification of the Agenda

MOTION: To approve agenda

Weber / Sanchez

MOTION CARRIED, VOICE VOTE

3. Approval of Minutes of Meeting of July 16, 2019.

MOTION: To approve the minutes from July 16, 2019.

Brown Sullivan / Morales

MOTION CARRIED, VOICE VOTE

4. Home Visitation Evaluation Results

Andrea Kressin stated Public Health has been evaluating their current home visitation services and handed out a document dated September 2019 entitled "Home Visitation and Brown County Public Health." Andrea stated the strategies used to evaluate the program included staff listening sessions and stakeholder listening sessions. Andrea stated a decision-making matrix was used to analyze the various options for continued programming within the division based on feedback received. The plan is to phase out home visitation services and focus on population health efforts with the goal of ending in-home direct services by January 1, 2022. She stated they plan to move to an information and referral model for family health services. She stated instead of providing in-home direct services, Public Health will focus on connecting individuals and families with support from community partners. Andrea stated environmental health concerns such as lead and human health hazards will still be investigated and followed up on as appropriate. Public Health will also explore "resource navigator" concepts. Andrea stated by the end 2019, Public Health will shift the referrals received for Children and Youth with Special Health Care Needs to local health care providers and regional center.

Cynthia Brown Sullivan asked if the gaps will be filled by the time Public Health plans to phase out home visitation by 2022. Andrea indicated if they did implement Nurse Family Partnership, there would still be gaps. Andrea stated as a community and as one partner in the realm of early childhood, she believes they are looking at a program that could fill one part of the gap. Andrea stated this frees them up to work with partners. Edward Morales asked if there was a check sheet to keep track of the things they have done. Andrea stated they do not have a tracking mechanism. Dr. Morales stated he would like to see an outcome measurement. Anna stated that is at the heart and soul where they are headed with accreditation. She stated they would have a matrix either internally or community based.

MOTION: To support the next steps for Public Health.

Brown Sullivan / Weber

MOTION CARRIED, VOICE VOTE.

5. Nursing Unit Update

Ann Steinberger stated there is a TB summit November 6th and 7th at Liberty Hall in Kimberly. Public Health has two scholarships available and they could send two Board of Health members. If interested please see Anna or Patti by October 18, 2019.

Ann stated influenza season is beginning and they have two mass clinics scheduled and they are open to anyone 6 months through 18 years old. Public Health does not need to screen for eligibility because they are using the State 317 vaccine. They would charge for adult vaccine because they do pay for the vaccine which would be \$30.00. They are also having an additional clinic in combination with the Salvation Army's Coats for Kids.

Ann stated there still continues to be multi-state Hepatitis A outbreak. Highest risked individuals include people with unstable housing or homelessness and individuals who do illegal drugs. Ann stated they are working with the State and they are talking with other agencies to get vaccinations for Hepatitis A.

Ann stated the Wisconsin Department of Health Services is investigating chemical pneumonitis related to vaping. Ann stated as of September 12, 2019, the Wisconsin Department of Health Services is aware of 35 people who are confirmed or probable cases with an additional 20 that are under investigation. This is going on nationally with 36 states affected and 6 deaths. The only thing they have in common is vaping in the past 90 days.

Mr. Schadewald asked when Brown County ships out prisoners, do they test before they come back so they don't bring it back to Brown County. Ann stated that is something they can look at when they are talking to others. Ann stated that the Department of Corrections has been giving the State inmates Hepatitis A vaccine for about 10 years so if an inmate has been in the State Department of Corrections, more than likely they have been vaccinated.

6. Community Engagement Unit Update

Andrea handed out the 2018 Annual Report. Andrea stated she has a vacancy because one of her educators was appointed Interim Emergency Management Director. The position will remain open until an Emergency Management Director is hired. Andrea stated they hired a nurse for the hearing and vision program. Andrea stated they are shifting job titles through the budget process from Educators to Community Health Strategists and have updated the job description to align with accreditation, such as advocacy and policy efforts. Andrea stated Brown County is updating the website and they are focusing on which information the public would find most useful. Katie Ledvina stated in regard to accreditation, they are moving forward with the essential plans and the QI Plan. Katie handed out a draft of the Strategic Plan which outlines the direction public health is going from 2018-2022 and asked the Board of Health to review. Andrea stated any edits or suggestions are needed by the end of October because they will present the final draft at the November meeting.

7. Environmental Unit Update

Anna stated they had received an accepted offer for the Environmental Health Manager but due to circumstances, he has declined the position. They will be reposting the position.

Anna stated in regard to tourist rooming homes, prior to 2019, they had 54 tourist rooming homes. To date in 2019, they have 134 newly licensed tourist rooming homes and seven pending inspections. Anna stated 77 still need to be licensed. The goal for 2019 was 250 and she believes by the end of this year they will be above our goal.

Edward Morales asked how they find tourist rooming houses. Anna stated the Room Tax Commission used STR Helper which is a software that searches rental sites. It is then turned into a spreadsheet and they then look at how is licensed. Karen Sanchez asked what feedback was received. Anna stated they learned it was confusing to people because they require a license. Each municipality may or may not require a license as well. They are confused that they need both the municipality and the County license. Public Health has sent out a 3rd letter to explain.

8. Health Officers Report / Budget Proposal 2020

Anna handed out New Department Initiatives and stated in 2020 they are looking to establish a CASPER. A CASPER is a Community Assessment for Public Health Emergency Response. Those

get used many times after a disaster occurs, to find out what the needs are and how to support people in a disaster. A CASPER can also be used before an emergency to gauge the readiness and what needs to be planned. Anna stated next year is a community health assessment year and they will have to do the CHA and CHIP again so they will get data on emergency readiness and health priorities in the community. In a non-emergency situation, they are going to go out and gather data on emergency readiness and community health priorities.

Anna stated another initiative is to contract with the WDNR to conduct compliance surveillance on Brown County Transient Non-Community (TNC) water systems which will increase their capacity to provide service and build relationships with TNC owners, and increase our lab capacity.

Anna stated another initiative is to research the feasibility of a paid on-call and overtime policy and procedure for after-hours public health emergency calls. Anna stated they get a call but no one is picking up the call. They will research what others are doing for after-hours calls, the feasibility of a paid on-call system for emergencies and what would a policy and procedure look like.

Anna also provided a funding summary, 2019 Department Initiatives Status Report, and Rates and Fees. Anna stated they have not increased fees for five years and have not considered inflation, so the 3% increase gets us to that starting point and then they will look at doing inflation going forward.

MOTION: To receive and place on file

Morales / Brown Sullivan

MOTION CARRIED, VOICE VOTE.

Anna stated they have an issue with vaping among our youth. Anna is looking for support to do a resolution that tackles strategies for the vaping epidemic. She shared Department of Health Services (DHS) Youth Tobacco Survey 2018 entitled "High School Snapshot" which shows statistics regarding e-cigarettes; document from DHS dated 9-17-29 entitled "Tobacco Prevention and Control Program: E-Cigarette Public Health Advisory-Public Health Advisory"; and sample "Resolution: To support the adoption of comprehensive commercial tobacco-free policy and procedures in all Ashland County Schools."

MOTION: To direct Corporation Counsel in cooperation with the Public Health Officer to support strategies to tackle the E-Cigarette epidemic in youth.

Brown Sullivan / Morales

MOTION CARRIED, VOICE VOTE.

9. Public Health Legislation – Standing Item
None.

10. Receive New Information on Wind Turbines – Standing Item

Anna stated the WAHL DAB Wind Turbine Work Group had talked with Stacy from the Public Service Commission and had specific questions about the Wind Citing Counsel. Anna handed out a document with eight questions and the responses.

Anna stated with new Administration at the State level, they have again asked for support. Anna handed out a letter dated March 1, 2019 to Chuck Warzecha, Deputy Administrator, Division of Public Health, from Anna Destree, Brown County Health Officer, Kim Mueller, Fond du lac County Health Officer and RoAnn Warden, Green County Health Officer to provide support to local health agencies. Anna stated the ask was to complete a Health Impact Assessment for the State of Wisconsin; provide State guidance on a process for which residents should follow when reporting health concerns re: wind turbines; and provide clear guidance from the State for local health departments on how to address health concerns regarding wind turbines. Anna stated DHS is working on a paper which will cover a variety of items. Anna stated DHS has stated they will support the health departments.

11. Correspondences
None.

12. Comments from the Public

Barbara Vanden Boogart, 7463 Holy Mor Road, stated when the declaration was made, Corporation

Counsel stated from their perspective that the Board of Health had the right to make the declaration as a policy maker but they did not have enforcement power; that they could make that declaration and advise to do so, but that the Health Director was the person who had the two part privilege and ability make the declaration but to enforce it. She wanted to clarify that the declaration that was made was all done under legal counsel from Corporation Counsel.

Kayla Gorman, 1350 Settlers Row, Green Bay, WI read from the following report, which is on file.

My name is Kayla Gorman and I am a Brown County resident. I am a mother to a 19-month-old and have another baby on the way. This is my first county meeting and I'm not typically someone who speaks up in regards to politics and local issues, but now that I am a mom, have completed my own extensive research in regards to vaccinations and hopelessly watched from afar as parental rights were being stripped away from states like California, New York and Florida, I can no longer stay silent on this issue. I am here today to express my concerns of removing the personal vaccine exemption.

The one size fits all vaccine policies and laws, which fail to respect biodiversity and force everyone to be treated the same, places an unfair risk on a minority of unidentified individuals that are unable to survive vaccination without being harmed. Parents can, in partnership with their child's health care provider, make informed decisions that best suits their family and their own medical history, whether that decision be to fully vaccinate according to the CDC schedule, partially vaccinate, vaccinate on an alternative schedule or not vaccinate at all.

Prior to any medical procedure, the U.S. Department of Health & Human Service explains that the "voluntary consent of the human subject is absolutely essential." Coercion invalidates informed consent. Infringing this right by eliminating vaccine exemptions is unethical and un-American given that pharmaceutical companies have no incentive to assure vaccine safety since Congress passed the National Childhood Vaccine Injury Act in 1986. This Act eliminated pharmaceutical company liability for injuries caused by their vaccine products. We also know for a fact that these same pharmaceutical companies that make almost all of the childhood vaccines frequently lose law suits and have paid out billions for their misconduct and injuries related to their drug products since 1986. A recent example of pharma misconduct is the opioid epidemic. Just this month, Purdue Pharma has to pay up to \$12 Billion in relation to their role in the opioid epidemic. They contributed to more than 700,000 drug overdose deaths in the US since 1999. If pharma is frequently guilty of misconduct with products that they ARE liable for, they most certainly are not upstanding, well-meaning citizens when it comes to producing and evaluating safety of the vaccines that they are not liable for, that we inject into children.

Our children currently receive 72 doses of vaccines. This number has skyrocketed since the 1980's, when children such as myself only received 10-12 doses. Coincidentally, the CDC vaccine schedule started to grow tremendously after the Act of 1986 when Pharma was no longer liable for vaccine injuries. There are hundreds of new vaccines in the pipeline right now. If parental choice, civil rights and vaccine exemptions are taken away, we will be forced to vaccinate with any new vaccines that are released and added to the schedule in the future.

Did you know that there is also a newly added Adult vaccination schedule posted on the CDC website, which includes 14 vaccines? As soon as exemptions are removed, adults will no longer have a choice on whether they want to get the flu shot annually or if they want to get the HPV vaccine, or any other vaccine on the schedule. Ask yourself if you are comfortable with getting all vaccinations as well as all new future vaccinations.

I think it's important to remember that force is no consistent with the American story, nor is force consistent with the liberty our forefathers sought when they came to America. In fact, in his first Presidential inaugural address, Thomas Jefferson warned:

"All, too, will bear in mind this sacred principle, that though the will of the majority is in all cases to prevail, that will to be rightful must be reasonable; that the minority possess their equal rights, which equal law must protect, and to violate would be oppression."

Therefore, condoning the elimination of civil rights, including the right to opposition guaranteed under the First Amendment of the U.S. Constitution, to enforce vaccination creates a slippery slope. If we cannot be free to make informed, voluntary decisions about which pharmaceutical

products we are willing to risk our health and lives for, then we are not free in any sense of the word. We have to stop to think. Are the parents the caretaker of their child's body, or is the government? Aren't parents in charge of raising children and making decisions for them, or is the government? If we are forced to vaccinate according to the CDC schedule, what will be forced on us next? Coercion, will destroy, not instill, public trust in the integrity of medical practice and public health laws.

Where there is risk, there must be choice. We know that vaccines do cause injury to some children. The injuries vary in severity – lifelong eczema to seizures and encephalopathy and even death. These adverse reactions are acknowledged on the vaccine inserts themselves. According to the Vaccine Adverse Event Reporting System, there have been 143 deaths related to vaccinations since the beginning of this year. A recent study conducted by Harvard found that only 1% of adverse reactions to vaccines are actually reported to the Vaccine Adverse Event Reporting System. This means that there may actually be over 14,000 vaccine related deaths this year alone.

We all want the same thing - our children to be safe and healthy. If honest science-based discussions regarding vaccinations are not even allowed to occur, as multiple social media platforms have begun to censor those with valid concerns on vaccines and their safety, how do we expect this issue to get better and the faith in the vaccination program to be restored? If parents in Wisconsin are using a personal conviction exemption for vaccination, why are we not trying to talk to parents regarding their concerns and have a mutually respectful and honest discussion? It is time for public health officials to take another step and begin hearing the concerns parents bring forth. Not everyone with concerns on the entirety of the vaccination program are uneducated and we all want what is best for our children."

Megan Buczek, 2172 Mahogany Trail, De Pere, WI read from the following report, which is on file.

"I'm here today to better understand the department's agenda for vaccine education within the community. Our government and media seem to be focused on the differences that separate the "pro-vaxxers" from the "anti-vaxxers", but I have been on both sides of the debate and I assure you that both sides have the same goal. They both want to make the best decision for their family's health.

This decision has become increasingly difficult to make when honest, unbiased information has gone extinct. We're supposed to be able to rely on our government agencies and doctors for the information we need to make informed medical decisions for our families. I represent a growing population within the community who are not concerned with who's vaccinated and who isn't, but are more concerned over the one-sided, corruptly biased information being shared which is segregating our community.

Newborn babies are being vaccinated for sexually transmitted diseases within hours of birth and the parents who question this practice are touted as "uneducated". A student diagnosed with Hepatitis B is not classified as a medical threat to the community, but a completely healthy student who hasn't been vaccinated for nor exposed to Hepatitis is considered a health threat. It is illegal to discriminate against the sick but it's perfectly acceptable and actually encouraged to discriminate against the unvaccinated!

Studies show that vaccines do not prevent the spread of disease. They can reduce or prevent the symptoms of the illness but the vaccinated can and do still carry the virus or bacteria and spread it to others in the same manner the unvaccinated do. Herd immunity was observed by scientists studying natural immunity. Their theory was that natural immunity could be replicated with vaccines. However, research confirms that individuals respond differently to vaccines and there's no way to know how long each vaccine will be effective in any given person. In fact, it's estimated that approximately 7% of the population doesn't develop antibodies at all! That would mean the 95% of the population needed to obtain herd immunity, isn't even achievable through vaccination. Additionally, vaccines are typically only tested against other vaccines, not an inert placebo. According to the manufacturer inserts vaccines have never been tested for carcinogenesis or ability to impair fertility. Chronic health conditions in our youth have risen from 12.8% to over 54% since the passing of the 1986 Childhood Immunization Act which made vaccines a liability-free

product. Even if vaccines helped to reduce measles cases, what if they also increase cancer rates? This is the health crisis our health department should be concerned about! The stories of those who experience life-altering side effects after contracting a vaccine preventable illness are publicized for profit. Why are the stories of those who experienced life-altering side effects from a vaccine silenced? In August, for immunization awareness month, you shared the story of Laura Brennan on your Facebook page. I look forward to seeing whose story you will share in October for vaccine injury awareness month as I implore you to break the barriers the residents of Brown County are experiencing when it comes to unbiased information."

- 13. All Other Business Authorized by Law**
Change the title of this agenda item in the future to New Business.

- 14. Adjournment / Next Meeting Schedule**
November 19, 2019 at Sophie Beaumont location.

MOTION: To adjourn meeting

Tibbetts / Weber

MOTION CARRIED, VOICE VOTE.

PROCEEDINGS OF BROWN COUNTY CHILDREN WITH DISABILITIES EDUCATION BOARD:

A regular meeting was held on: Tuesday, November 19, 2019

Board Members Present: J. Jansch, B. Clancy, J. Wieland, J. Mitchell, L. Franke, S. King, K. Lukens, A. Tran

Others Present: K. Pahlow, A. Nizzia, S. Johnson, C. Maricque, N. Kohls, C. Jensky

1. Action Item: Call to Order
S. King called the meeting to order at 3:31 PM.
2. Open Forum - None
3. Action Item: Approval of October 15, 2019 Minutes
Motion made by J. Wieland, seconded by B. Clancy, that the minutes from the October 15, 2019 Board meeting be approved. MOTION CARRIED UNANIMOUSLY.
4. Action Item: Approval of Agenda
Motion made by J. Jansch, seconded by J. Mitchell, that the agenda for today's meeting be approved. MOTION CARRIED UNANIMOUSLY.
5. Action Item: Donations
K. Pahlow reviewed the donations and stated several donations will be used to help fund the sandbox project. The hope is to have it finished while the students are on Spring Break.
Motion made by L. Franke, seconded by B. Clancy, that this month's donations be approved. MOTION CARRIED UNANIMOUSLY.
6. Action Item: Payment of Bills
C. Maricque stated the bills were routine in nature. There were no questions.
Motion made by J. Jansch, seconded by J. Wieland, that the payment of the bills be approved. MOTION CARRIED UNANIMOUSLY.
7. Action Item: Financial Report
C. Maricque stated the report is similar to last month and we are on budget.
Motion made by L. Franke, seconded by J. Wieland, that the financial report be accepted. MOTION CARRIED UNANIMOUSLY.
8. Discussion Item: Administrator's Report
C. Maricque – On November 6th, the County Board of Supervisors approved the County Budget for 2020 which included our budget that was approved by the County Board in June. There were no changes, since their approval in June which authorized a levy of \$3,080,863 for the school.

The audited financial statement will be available at the next meeting.

S. Johnson – Last week Sarah attended the Special Education State Wide Conference in the Dells. Many learning opportunities were offered, as well as sharing and collaborating with other. This information will be shared with BCCDEB staff.

K. Pahlow – Attended a meeting last week with the county, regarding a potential capital campaign. Clarification regarding process was provided.

November 19, 2019

We continue to hold our monthly meetings with the Hourly and Teacher/Therapist representation committees.

Last week was a difficult week with the death of a Hopp student and son of a Hopp staff member. A memorial fund was started for Aidan and so far over \$1,000 was raised for the EC room. An additional \$1,700 was collected from staff members to help the family. Additionally, two additional staff members lost immediate family members.

A.Nizzia – Students will be making ornaments for the Northern Building and De Pere City Hall for the annual tree trimming events. Fox 11's Melissa McCrady will be here to cover the story. Student, Josh B., and teacher, Todd G., were on Fox 11 last week for a story on our school to work partnership with Goodwill.

9. Discussion Item: Parent Organization Report

Sibshop was held last Saturday at Hopp. The event went very well and they will plan on doing it again next year. The next Parent Organization event will be to host many of our Community Agencies and Service Providers for an open house. The agencies and providers attending will be equipped with information for summer programming, along with information for transition services after graduation.

K. Pahlow noted that the results from the Parent Survey were shared with the Parent Organization board and any members that attended their meeting. Results from the survey will be shared with parents next in small segments in the Connection each month.

10. Executive Session: The Board will move to executive session as allowed by Wisconsin Statute stats 19.85(1)(e) Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting of other specified public business, whenever competitive or bargaining reasons require a closed session at 3:45 PM.

Motion made by J. Jansch, seconded by B. Clancy, that the Board move into Executive Session. MOTION CARRIED UNANIMOUSLY.

Board returned to open session at 4:15 PM.

11. Action Item: Adjournment

Motion made by B. Clancy, seconded by J. Jansch, to adjourn the November 19, 2019 Brown County Children with Disabilities Board meeting at 4:15 PM. MOTION CARRIED UNANIMOUSLY.

**PROCEEDINGS OF THE BROWN COUNTY
CRIMINAL JUSTICE COORDINATING BOARD**

Pursuant to Section 19.84 Wisconsin Statutes, a regular meeting of the Brown County Criminal Justice Coordinating Board was held on Tuesday, December 10, 2019 at 8 am in the Karen H. Dorau Memorial Conference Room at the Brown County Law Enforcement Center, 300 East Walnut Street, Green Bay, Wisconsin.

Members Present:	Judge Tammy Hock District Attorney Dave Lasee Citizen Rep. Tim McNulty Health and Human Svcs. Exec. Dir. Erik Pritzl Probation and Parole Rep. Jennifer Hornacek Sheriff Todd Delain Criminal Justice Manager Mark Vanden Hoogen	Human Services Committee Rep. Joan Brusky Citizen Rep. Robert Srenaski Public Defender Rep. Tara Teesch Jail Captain Heidi Michel Public Safety Committee Rep. Pat Buckley Clerk of Courts John Vander Leest
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Others Present: District Court Administrator Tom Schappa
Corporation Counsel Dave Hemery
Supervisor for Criminal Justice Services, Laura Hettmann

1. Call Meeting to Order.

The meeting was called to order by Chair Tammy Jo Hock at 8:03 am.

2. Approve/modify Agenda.

Motion made by John Vander Leest, seconded by Todd Delain to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

3. Approve/modify minutes of September 10, 2019.

Motion made by John Vander Leest, seconded by Todd Delain to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

4. Jail population numbers (Sheriff).

Jail Captain Heidi Michel informed the jail is currently at 96% capacity and, in addition, there are 19 inmates shipped out. There are 86 individuals on the EMP program and 199 inmates in the downtown facility, 60 of which are Huber inmates. Public Defender Rep. Tara Teesch asked if that means that people who want Huber are not getting it. Michel responded that it is more likely that there are just not people who are Huber eligible. Sheriff Delain added that if it gets to the point where someone can go out on EMP, they will not keep them in the jail. They try to get as many people as possible out on EMP, but it has been getting the right candidates lately that has been a challenge. There are also currently 8 juveniles in the facility and they have a capacity to house 15; however, if there is a 1 female, the capacity is then 5 females and 10 males, assuming they can all be housed together. Michel added that they do have notification out to other counties that Brown County does have juvenile space available and she noted that they did recently take in some juveniles from Door County.

5. Discussion and possible action regarding enacting CJB By-Laws (D. Hemery).

Motion made by John Vander Leest, seconded by Erik Pritzl to hold this Item until Corporation Counsel Dave Hemery arrives. Vote taken. **MOTION CARRIED UNANIMOUSLY**

At this time, the Board moved on to Item 6 and came back to this Item later in the meeting.

Corporation Counsel Dave Hemery informed that before a work group is established, the by-laws of this Board should be put into place. He has reviewed the by-laws from several other CJCBS as well as the various resolutions that have been put into place creating this Board and he also looked at by-laws he received from Joan Brusky that Eau Claire uses. He outlined the information in the proposed by-laws that were included in the agenda packet. Section B – Officers outlines the proposed procedures for a Chair, Vice Chair and Secretary. He noted that the statutes currently control who takes minutes and keeps the official records of the proceedings and it directs that the County Clerk take minutes of standing committees, but typically for sub and ad hoc committees, someone on those committees take the minutes. When it comes to Boards, Commissions and other various bodies, the statutes are not clear as to if that is a Clerk duty or not. Once a new County Clerk comes on board, the new Clerk may not be as agreeable to sending staff to these meetings to take minutes unless it is the duty of the Clerk. If that is the case, it may be a good idea to appoint a Secretary so there is someone in place to take the minutes.

The rest of the by-laws are pretty boilerplate and Hemery reiterated he modeled these proposed by-laws from what other counties do. For anything that there is not a rule on, Article V states that Robert's Rules of Order shall be the default.

Judge Hock asked about the mission statement and Hemery responded that what is in the by-laws is a summary of another mission statement he reviewed. Hock said the mission statement is something we may want to review and make some changes to it so it is the same as what the resolutions creating this Board contained.

Brusky provided copies of the by-laws from the Eau Claire Criminal Justice Collaborating Counsel, a copy of which is attached, and informed that theirs are longer than what is being proposed here. Eau Claire is constantly looking at the mission statement and how their Board functions and she feels some of the things Eau Claire uses may be of interest to this Board. Brusky said Eau Claire County is a leader in the state and across the country with their involvement with NIC. She referenced the last page of the handout which sets out how they were chosen from counties across the country to improve the public safety through the application of research of criminal justice decision making processes.

Pritzl liked Section B in the Eau Claire model regarding authority of the council, which would be the Board in Brown County, and asked Hemery if he had any thoughts on this. Pritzl feels it is nice to state clearly and cleanly what the authority of the Coordinating Board is because this has come up in the past. He would like to see something like that incorporated in our by-laws. Lasee agreed with Pritzl and said this Board does not really have decision making authority over the individual players in the system, but we make recommendations and he feels it would be helpful to have that spelled out so we know what we can and cannot do. Hemery is happy to add that into the proposed by-laws and said that is also something that could be worked into the mission statement.

Judge Hock asked about Brusky's request to have a Vice Chair position. Brusky explained that at a meeting in the past the Chair had to leave early which left the Board to continue the meeting with no Chair and she feels having a Vice Chair would alleviate that situation from happening again. She also noted that there were instances that meeting dates were set and then those dates slid by with no meetings so items were held another month. If the Chair is not able to meet, a Vice Chair would still allow meetings to be held. Judge Hock pointed out that the proposed by-laws cover this and she did not hear anyone objecting to this concept.

Delain said having subcommittees or work groups that meet independent of this Board to come up with ways to improve the overall system and process is a good thing because then we would not be tying up individuals who are not needed for a specific conversation at these Board meetings. Having subcommittees would get more work done and then those groups can report back to this Board with recommendations. If there is a small group that can get something accomplished and bring it back here and this Board can take action on it, and move it forward, Delain is in favor of that. Hemery said the proposed by-laws contain language that would allow the formation of sub or ad hoc committees that would report to the CJCB.

Before the next meeting, Judge Hock feels if there is a desire to create a work group, there should be an identification of who would be on the group and what the goals and purposes are so at the next meeting we can be prepared to vote on the by-laws and move forward. Hemery will put the revisions we discussed today together in the by-laws and have them distributed to this group prior to the next meeting for review. Judge Hock said then at the next meeting we should be able to vote on both the by-laws and the creation of a work group. Judge Hock asked Hemery to send out the proposed by laws and include for discussion purposes the 1992 mission statement which is very specific and possibly needs to be revised along with the Eau Claire mission statement and then perhaps Board members can look them over and be prepared to discuss what our mission statement should be and then also move forward with the other issues of the subcommittee including what the subcommittee wants to accomplish, who the members of the subcommittee should be, how often they meet, who will take the minutes, etc. Delain agreed and feels it is critical to have this information ready for the next meeting.

Lasee does not want to wait a long period of time before getting this up and running and he asked about interest in the room today from anyone wanting to be on the work group and what thoughts are with regard to how big the group should be and if we are legally okay to propose those things today; are we significantly secure with the status of this group to agree to form a work group today. Hemery pointed out the Board currently does not have by-laws and there is nothing on the agenda about creating a work group so this is probably something that should wait. Lasee asked if we could have another meeting in January to establish the by-laws and create a work group. This was discussed and it was agreed by those present that a meeting in January would be a good idea. Judge Hock said we need to be cognizant that we are asking Hemery to do a number of things at a very busy time of the year. Lasee volunteered to take the lead on the efficiency work group and Teesch indicated she would also be interested in working on it and getting Jeff Cano involved as well. Judge Hock informed there should be someone from the court system on the group as well. Lasee is agreeable to the next meeting being held early in February as long as he can work on contacting people about this in the meantime. February 4, 2020 at 8:00 am was set as the next meeting date and the two agenda items will be to approve the by-laws and creation of an ad hoc committee.

6. Vice Chair Position (J. Brusky).

Brusky asked that this Item also be held until the arrival of Dave Hemery.

Motion made by Joan Brusky, seconded by Todd Delain to hold this Item until Corporation Counsel Dave Hemery arrives. Vote taken. MOTION CARRIED UNANIMOUSLY

At this time, the Board moved on to Item 7.

Discussion on this Item was incorporated in the discussion on Item 5 above.

7. System Inefficiencies & Review of System Map (J. Vander Leest and D. Lasee).

*DA Lasee referenced 2 different documents and he will have them forwarded to the Board membership following this meeting. He recalled that at the end of 2014 there was a system map prepared. There were extra funds in the TAD grant that needed to be used so an outside agency was brought in to conduct an evaluation of our program and several on this Board were involved in the process. After meeting with several of the key stakeholders a system map was prepared and a series of suggestions were outlined. Lasee said the system map was quite similar to the document prepared by the National Institution of Corrections (NIC) in 2017 when they did a jail and justice system assessment. The NIC report comes from a place of reducing jail population and they had a lot of the same recommendations that were outlined in the system map and Lasee said there is a lot of overlap in the 2 documents. Some of the suggestions in the documents have been implemented and he noted that at the time of the NIC document the number of people in the jail in pre-conviction status was 79% which is alarmingly high. The suggestion that came out of both documents was that we need to do a better job as a system in taking a wide approach and Lasee feels this Board is important in doing that. He would like to come out of today's meeting with a plan for 2020 and how we want to be more active as a group in addressing system wide issues and look at efficiencies that can make the system operate better. One of the things he has heard complaints about is that criminal complaints are coming over too late and he noted that there are a number of things that factor into that; the Clerk's office is involved, the Public Defender's Office is involved. The result was that the Court Commissioner put a 2:00 pm deadline on getting complaints filed, but Lasee pointed out the result is when the Court Commissioner wants to cut someone loose who has a serious crime, Lasee will call the jail and tell them to hold the person on PC because it hasn't been 48 hours, he will draft the complaint late, and bring it to the Commissioner's office to have them sign a warrant on the same person whose case they could have just handled. That is just an example of how the system could work better as a whole.

Lasee continued that he proposed to the Court Commissioner that a work group be started to talk about how this can be done more efficiency because he does not like the way lock ups work either. Rather than everyone complaining, he feels a work group would allow more conversation on how to more efficiently manage the case load. There are a lot of people on the Monday lockup list that probably should not have been locked up, or they were locked up on a municipal warrant. Then one of his attorneys spends time hammering out those cases when they should really be focusing on more serious things that require more time. Lasee feels there are a little things that can be done to make the system run much smoother and he would advocate that we put together an active working group. He noted that this Board has everyone we need on it and we have good attendance. He would like to see a work group be formed to look at system efficiencies and take a deeper dive at the 2 documents and have another look at having someone come in to provide the technical assistance we may need. There are grant opportunities for someone to come in to provide technical assistance at little to no cost to the County and help a work group get up and running. Lasee feels there are ways to make cases move through the system quicker, share data through various programs and systems. Both the system map and the NIC study indicated that collaboration was lacking and both the NIC study and the system map people said they found a very cooperative and collaborative group who wants to work together to make the system function better.

Clerk of Courts John Vander Leest agreed with Lasee with regard to creation of a work group and noted that some of the topics have been talked about in the past, but never made it to the next step to analyze and decide on recommendations. There were a few things that were taken care of right away, but he feels there are more things that can be done and a work group is a good way to go about getting some suggestions that can then be brought back for implementation.

*Tara Teesch asked if what is being proposed is a work group that meets beyond these Board meetings. She felt a smaller work group that meets more frequently would help address the issues as they pop up. Lasee said that is what he was thinking, but he understands that everyone is busy and he knows this is a big ask. People seem to want to effectuate change, but the day to day activities also have to be handled. Having a regular schedule for a work group to meet would be beneficial and this is something he advocates for. Delain added that he feels there are things on his end that would be beneficial. The jail has the ability to obtain a lot of information, some of it is being collected now, but some is probably not being collected in a timely manner which then causes serious issues with analyzing the data. As we move into 2020 and 2021 one of the things the jail will be looking at is analyzing the jail's records management system. He referenced the current CAD system that has been in place for a significant time and noted they are in the middle of changes. The Sheriff's Office is looking at an overall records management change which would benefit the DA's office and everyone else, but, with that, Delain is considering creating a records management system that is written by our own people that is more consistent with the appropriate data that is helpful and meaningful. There is specific data that should be collected automatically and available but he does not have the staff currently to do this manually. If a records management system is created with the staff he currently has, Delain feels they would be able to gather all the information they want and see it right away. He also sees value in creating a work group as Lasee suggested and one of the things he would like the work group to look at and identify is what kind of information they would like collected from the jail.

Citizen Representative Bob Srenaski said the problem is that the systems do not talk to each other. He mentioned a long time about about a new system created in Colorado that covered all of the systems and picks out the data to be able to track someone all the way through the system. He feels this is a good time to have Technology Services look at the overall systems in Brown County and see how they can get the different systems to all talk together. Delain is confident there is people to get that done internally, but it is going to take some time. He also wants to be sure we are writing a new system to capture the data we really want and that is going to be helpful. Michel said there is some good reports in the system and she can supply the reports instead of just reporting the jail population. She can provide breakdowns of sentenced vs. non sentenced or the average length of stay. Michel will provide those reports for the next meeting and the Board can decide at that time whether they wish her to continue providing that information. Delain explained that there are occasionally situations where numbers may be skewed a little and several other questions were answered by Michel as to how the numbers are generated. Judge Hock feels this conversation is a very good example of how the numbers may not necessarily meet all of our purposes so it is important to remember when numbers are provided that there could be variables and that better reports with better information is a good goal.

At this time, the Board returned to Item 5 regarding By-Laws.

8. Future Agenda Items, if any.

Discussion regarding future agenda items was incorporated in the discussion of Item 5 above.

9. Other such matters as authorized by law.

Judge Hock introduced Kim Pansier to the group. Pansier informed she is the Victim Witness Coordinator for Brown County and she works out of this building. She wanted to bring some concerns forward with regard to the location of the criminal justice services program. She noted that check in is on the first floor of this building and they also work out of the basement of this building.

Her concern is on behalf of crime victims who have statutory and constitutional rights and she is concerned that they are not being treated with those rights which state that State shall treat crime victims as defined by law with fairness, dignity and respect for their privacy. At this time crime victims are coming in for services and the person that was charged with a crime comes in to check in for criminal justice systems and they can be in the lobby less than 10 feet away from each other and this is not treating the crime victims with dignity and privacy. There are other rights, specifically, reasonable protection from the accused throughout the criminal justice process and Pansier does not feel they have reasonable protection coming into the building for services and are then faced with the accuser. This is re-traumatizing for the victim. She noted that there was recently an incident where a domestic violence victim came in for services and was waiting for a staff member to come down and the defendant came in to check in for criminal justice services and they saw each other which affected the victim very much. This gives the victim ongoing safety concerns and the current system put her in that position.

Pansier realizes there are some options being looked at for the criminal justice services but she said it is a very time sensitive issue and she does not want something similar to what happened last week happen again. Srenaski asked Pansier if there was a situation to solve this problem. It was noted that a meeting was held recently with administration to talk about some options that are currently being looked at. They are looking at both existing space in a county building as well as other locations. Lasee said the issues brought forward by Pansier are a real concern and whether we are technically violating victim's rights or not, we are certainly not creating a healthy environment for victims so the best practice is to move them out of the building as soon as possible. He wants to keep this moving along as quickly as possible. Some of the areas that have been looked at were discussed and it was noted that they would like to get this resolved as quickly as possible.

10. Adjourn.

Motion made by John Vander Leest, seconded by Joan Brusky to adjourn at 9:08 a.m. Vote taken.

MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

*Originally Adopted August 30, 2006
Amended and Adopted August 27, 2008
Amended and Adopted December 15, 2010
Amended and Adopted October 19, 2011
Amended and Adopted October 21, 2015*

EAU CLAIRE CRIMINAL JUSTICE COLLABORATING COUNCIL

BY-LAWS

Article I: Name

The name of this Council shall be the Eau Claire County Criminal Justice Collaborating Council. It will be referred to as the Council throughout these by-laws.

Article II: Creation

The Council is created by resolution as adopted by the Eau Claire County Board of Supervisors and signed by the County Administrator.

Article III: Mission

The principal mission of the Council is to improve the administration of justice and promote public safety through planning, research, education, and system-wide coordination of criminal justice initiatives.

Article IV: Structure

Section A: Membership:

There are sixteen voting members of the Council:

- Presiding Judge for Eau Claire County
- County Administrator
- County Board Chair
- Sheriff
- Chief of Police - Eau Claire
- District Attorney
- Clerk of Circuit Court
- State Public Defender
- Department of Corrections Supervisor for Eau Claire County
- Department of Human Services Director
- A representative of the Eau Claire City Attorney
- Member of Judiciary and Law Enforcement Committee
- Program Coordinator for Eau Claire County Restorative Justice Program
- Three Citizen Members

All circuit court judges are members and, except for the Presiding Judge, are non-voting. Council members may designate another competent person to represent them and vote at Council meetings. Any Council member, excluding the three citizen members, wishing

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to appoint a designee is to identify the designee in writing addressed to the Chair of the Council. No more than three consecutive meetings shall be allowed for a member's designee to attend Council meetings. Designees can only be changed by notifying the Chair in writing.

Citizen members shall be elected to serve two-year terms commencing at the first meeting of 2012, with citizen member elections continuing at the first meeting in even-numbered years thereafter. Any citizen member may resign by submitting notice of resignation to the Chair. In the event of a vacancy of a citizen member, the Council may elect a new citizen member to serve the remaining term.

In the event of a vacancy of a Council member, excluding citizen members, the out-going Council member or his or her organization may designate a representative from his or her organization to act until such time as the position is filled.

Any member of the Council may recommend in writing to the Executive Committee removal of any member whom he or she believes is no longer appropriate for membership. Lack of attendance by a member may be cause for removal from the Council.

Section B: Authority of the Council:

The Council has no legal authority to order changes to Eau Claire County's criminal justice system, but it may bring about changes through consensus by the participating Agencies and Branches. The Council reviews policies, programs and budgets within the criminal justice system and makes final recommendations to all justice system partners, the Judiciary and Law Enforcement Committee, the Human Services Board and County Board.

Section C: Committees:

1. Executive Committee

The Executive Committee is composed of the chair, vice-chair, county board chair and county administrator. Any member of the Council may attend and participate in the Executive Committee meetings. The Executive Committee shall be responsible for the following:

- a. Develop Council meeting agendas and ensure matters are ready for Council meetings.
- b. Ensure assignments are completed and prepared for Council meetings.
- c. Propose to the Council the formation of Standing Committees, Subcommittees, and Ad Hoc Committees.
- d. Recommend to the Council individuals to serve as chairs and members of the above-listed committees.
- e. Coordinate and approve the membership of the Standing Committees, Subcommittees and Ad Hoc committees.
- f. Nominate citizen members for election.

2. Standing Committees

- a. Evidence Based Decision Making (EBDM)
 - Provide program analysis and recommendations to the CJCC
 - Conduct research using a variety of data sources to answer practical, timely questions about crime and the criminal justice system
 - Implement criminal justice policies and practices that are evidence-based to make efficient use of resources.
- b. Grant/Funding Committee
 - Seek out and identify funding sources for current and future corrections, treatment and support programs for adult and juvenile offenders
- c. Criminal Court Review Committee
 - Initiate communication and education among the courts, agencies, and departments involved in the criminal justice system
- d. Juvenile Justice Collaborating Committee
 - Initiate communication and education among the agencies and departments involved in serving children and youth in Eau Claire County.
 - Examine current processes and programs and provide recommendations to facilitate modification of current programs, creation of new and innovative programs.
 - Develop and terminate subcommittees as needed to adequately address the changing needs of children and youth.

3. Subcommittees and Ad Hoc Committees

The Council may authorize the formation of Subcommittees and Ad Hoc Committees, to deal with specific problems or issues. Standing Committees, Subcommittees and Ad Hoc Committees shall report their information and recommendations to the Council.

Section D: Meetings

1. Meetings of the Council shall be set by the Council, the chair, or upon petition by any four members of the Council. Notice of Council, Executive Committee, Standing Committee, Subcommittee and Ad Hoc Committee meeting times and locations shall be provided to all members and duly posted in compliance with open meetings statutes.
2. Minutes of the Council meetings shall be recorded and distributed to all members of the Council.
3. A quorum is a simple majority of the membership described in Section A.
4. Recommendations of the Council shall be made by consensus. If consensus cannot be reached, recommendations may be made by a 2/3 vote of Council members.

Article V: Officers

Section A: Officers

The Executive Committee shall recommend to the Council a chair and vice-chair. The Council shall elect at the first meeting of the year a chair and vice-chair for a term of one-year. The chair and vice-chair shall serve until the next election is held.

Section B: Duties of Officers

The chair shall preside at all meetings. The vice-chair shall preside in the absence of the chair.

Article VI: Change in By-Laws

Proposed amendments to the by-laws are to be included on the agenda of an Executive Committee meeting. The proposal will be forwarded to the Council for approval. Any action in response to the proposed change in the by-laws taken by the Council shall become effective immediately.

In 2010/2011 Eau Claire County, Wisconsin, along with six other counties across the USA, was chosen to participate in an early phase of an initiative of the National Institute of Corrections (NIC) to improve public safety through the application of research in the criminal justice decision-making process.

In 2014 Wisconsin was chosen as one of three states (along with Indiana and Virginia) to participate in a statewide expansion of this effort.

In 2016, six additional counties in Wisconsin (Chippewa, LaCrosse, Marathon, Outagamie, Rock and Waukesha) were chosen to continue this NIC initiative to use EBDM (Evidence Based Decision Making) to promote public safety and reduce pre-trial misconduct and recidivism. Eau Claire and Milwaukee counties, chosen to participate in the earlier phases, continued to be assisted.

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PROCEEDINGS OF THE MENTAL HEALTH
TREATMENT SUBCOMMITTEE

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, October 16, 2019 at 12:00 pm in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Health and Human Services Director Erik Pritzl, Community Advocate Cheryl Weber, Citizen Member Stephanie Birmingham, Judge Donald Zuidmulder, Behavioral Health Manager Ian Agar, Family Services Representative Bree Decker, Director of Community Programs Jenny Hoffman, District Attorney David Lasee

Excused: Supervisor Megan Borchardt, Citizen Representative Guy Zima, Citizen Representative Pat LaViolette

This meeting was scheduled to begin at 12:00 pm. At 12:05 pm it was determined there was not a quorum and therefore no action would be taken, however in the interest of those that were in attendance, discussions were held and are outlined below.

1. Report and discussion – Spending of the 2019 \$1.14 million mental health dollars, to date.

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached. He informed the handout includes information through October 11, 2019 and shows that year to date expenses are coming close to the budgeted amounts. The detox services have increased over prior years and although it is still slightly below budget, Pritzl reviewed these figures with last year's figures and found that there are about \$20,000 more in expenses this year for services which shows utilization is increasing. Part of this is likely attributed to increased capacity at Bellin and Pritzl noted that some of their staffing shortages have been partially addressed which has been helpful.

With regard to residential treatment, Pritzl recalled there was some overspending last year, and although the figures for this year are a little lower than last year, he feels the remaining amount will be utilized because services will be authorized when people present. Mobile crisis and day report center are running as budgeted.

With regard to the day report center, Pritzl said it will remain on the reports through 2019, but in 2020 it will no longer show up on these reports as the services have been brought in-house. Judge Zuidmulder asked if the day report center funds will rebound to the budget. Pritzl responded that those funds will be used to support criminal justice services instead of the contracted services so no funds were lost in the process. Weber feels the number should still be included in the reports because what we are following is the \$1.14 million dollars and it would be difficult to track if it was not included. Pritzl responded this gets different funding with criminal justice because there are other funding streams that go into it. All of the funding for 2020 is in their budget to support the services so it would just show up in expenses.

Judge Zuidmulder said in the past x number of dollars were allocated for the day report center, so why shouldn't those same dollars show up, because they are being spent out of this money? For purposes of those who look at the numbers he feels it would be more appropriate for the day report center numbers to be shown. Hoyer feels the important thing from the standpoint of this subcommittee as well as the Human Services Committee is if the day report center expenditures go up for any reason, the subcommittee and oversight Committee would need to be aware of that so it can be addressed. He noted the day report

center is a really important component of the overall model and feels it is important to keep track of it. Pritzl understands all of this and said they are trying to stay within the same amounts of the day report contract, but as they move forward and serve more people, that could be difficult.

2. 2020 Budget and New Positions.

Pritzl informed there are a couple positions in the 2020 budget specific to behavioral health. There is a mental health services position in Comprehensive Community Services as well as a case manager position in Behavioral Health to work with commitments/clinical intake. There is a lot of activity in that area and monitoring agreements of people who agree to services in exchange for court proceedings being suspended. The caseload in that area has really built up and they are at the point where another staff member is needed to do the work. Adult Protective Services is another area where additional help is needed and there is a case manager position being added there.

With regard to staffing, Hoyer asked if there is currently one position or two positions being staffed by Human Services at the jail. Pritzl responded that they have the one re-entry position that is currently staffed. That position also sometimes works with people coming out of GBCI as well, although not very often.

3. Identifying gaps.

a. Overview of Outpatient and Community Services Provided by Brown County.

Behavioral Health Manager Ian Agar provided a number of handouts, copies of which are attached, which outline what is provided in terms of outpatient continuum services. Agar informed he is often asked what services the County provides both as a health community service agency as well as an outpatient clinic. There is a lot of information, some on the County website and some in brochures, examples of which were provided and are attached.

Agar talked about the Vivitrol program and noted that the department currently has two grants through the Department of Health Services, one of which is jail specific. A handout was provided that outlines this program and Agar talked about some of the qualifications for participation and other aspects of the program. He informed he has been going throughout the community to share information on the program. Hoyer asked about the price of Vivitrol injections. Agar said the price has not shifted much; the cash price is about \$1200, unless you have Medicaid and then it would be available for a \$5 copay. District Attorney David Lasee asked how many individuals are currently taking part in the Vivitrol program. Agar responded that there is currently one person utilizing the program through the outpatient clinic. The jail is a little more challenging because sometime people move in and out of the jail faster than they can get them ready for the program. Lasee informed they have similar issues with the Vivitrol program through Prevea. He feels there will be very few who voluntarily wish to go through the Vivitrol program due to the nature of the drug and the addiction. Agar said he has met with jail staff and they will be revising the process within the jail to try to identify and screen individuals who would be appropriate for the program. They are also working with the day report center and downtown location of the jail as there is some capacity for people with Huber privileges to report to the CTC which may result in more people becoming involved in the program.

Judge Zuidmulder brought up the idea of having the Sheriff include this program as part of his health services budget so the Vivitrol program could be available to those in jail which he feels may be a lot more effective. This is a health issue and the Sheriff has to provide health services. Agar responded that in most instances, the County is prohibited from providing treatment in jail and correctional settings because the federal government appropriates

money and say corrections and jails have their own money for treatment. The county is prohibited from providing treatment in the jail for any type of service they can bill for. The grant is an exception which allows the county's AODA counselors to go to the jail to do the assessment and be reimbursed for it, but they do not administer the drug. The jail medical staff can administer the drug testing, pregnancy testing and make sure the person is opiate free before starting the program. Then the person has to have an alcohol and drug assessment so the level of care they need can be determined. Once that is done, then the medical authorizations can be given by a doctor that says it is appropriate for the person to use Vivitrol and then the shot can be provided. This becomes a timing issue between when the person comes into the jail and when they are released. Agar noted that people's motivation is often different in the jail than it is out of the jail. The typical course of treatment on this program is 6 – 12 months.

Agar continued talking about the other brochures he handed out and briefly explained some of the services outlined. One of the things he talked about is targeted case management which is the lowest level of case management. If someone is Medicaid eligible and they have a mental health or alcohol or drug need and they have a need for case management, the level of service provided allows the case manager to identify needs and link people with other resources and be sure they get connected with those services. This is the role of targeted case management. The reimbursement for this is about \$24 an hour which does not come close to covering the cost. For people who are suicidal or have a mental health condition that needs immediate help, Medicare can be billed for crisis situations, but it has to be to address a current ongoing crisis. It could also be a higher end issue where they are detained by law enforcement with crisis approval. The role of crisis billing and intervention is to prevent hospitalization.

Agar also talked about Comprehensive Community Services which is the middle layer of services and is a psychosocial rehabilitation program which means someone has to be able to make gains from the treatment they are receiving. They have to develop coping skills or have recovery capacity. If someone has a developmental disability and deficits that no matter how much treatment is provided, they will not make up the deficits, this would not be the appropriate program. There is managed care and long term care services for that. Comprehensive Community Services is fully funded through federal and state dollars and they utilize it as much as they can when the criteria is met.

The highest level of case management provided is for those who are imminently at risk for institutionalization. They have severe and consistent mental illness and need the highest level of case management to keep them safely in the community. If this level of support is insufficient to manage them in the community, those people are then placed at Trempealeau because they need intensive long term psychiatric treatment which our hospital does not provide.

Birmingham said CCS has a wonderful purpose, but she feels it is limiting for those with significant persistent mental illness and it is not appropriate if they are not able to have insight because they have to really be engaged in care and recovery. Agar agreed and added that it is a recovery based program, but some people could continue to be in the program for years and the program would continue to have value for them because some people, minus the support, would be institutionalized. Pritzl added that there is a level up from CCS that may be more appropriate because it is not focused on recovery goals or progression.

Judge Zuidmulder asked where diversion fits into this. Agar responded that diversion is not a program, it is a funding source and it fits within the crisis services. Judge Zuidmulder asked if diversion is used in other programs and Agar said it is. Diversion is part of the whole toolbox of tools available to try to keep people in the community and stabilize them.

Agar continued by describing the services available through outpatient services, more fully set forth in the handout. Services provided include outpatient psychiatric services, substance use disorder services, targeted case management services, comprehensive community services and community support programs. There are two full time psychiatrists in outpatient and they also have time available from others, but Agar noted there can never be enough psychiatric capacity, however, they are currently meeting the needs of individuals without a wait list.

AODA programming was also outlined and Agar outlined the pamphlet information on the primary care group as well as the continuing care group. The intoxicated driver program brings a number of people in as they are mandated to have an assessment and many of those people then go through the intensive outpatient program.

Hoyer thanked Agar for the comprehensive overview and said that we really need to know what services are and are not available so when people start talking about gaps we know what we are dealing with. Hoyer asked if there are areas that staff feels should be expanded to better serve our citizens. Agar referenced the national shortage of psychiatrists and said this burden is something the county shares with other agencies in the community. In terms of need, he feels we are addressing the areas of need. He talked about Adult Protection as an area that needs attention as there are more and more vulnerable people as boomers continue to retire. He noted they are finding much more abuse and neglect of people who are in supportive environments such as nursing homes or CBRFs. Much of the challenges are related to facilities having a hard time employing and retaining people with the right skills as the positions often do not pay very well which has weakened the safety net.

Another area of need is the mental health commitment area because we have many individuals who are under commitment and we have to be doing a very good job making sure they are going to their appointments and are safe and getting their medication and doing other things to take care of themselves, because if they do not, they will either end up re-hospitalized or dead.

Hoyer mentioned the talk of regulatory reform at the national level and noted that it means different things to different people and asked if any of that is trickling down to our local Human Services area. Agar responded that the opiate wave has come and gone but there is funding for heroin treatment. There may also be another wave to address the meth challenge. Agar said later this month he is going to a meeting in Madison regarding the emergency detention process and possible changes to that.

Judge Zuidmulder mentioned the AODA assessments ordered for people who have OWIs because they never get any information back as to who actually follows through with the assessment. He met with someone in the past to ask for the Courts to get a statement back saying who has reported for their assessment and who has not. If there could be a way to get that information, he feels the judges would be very receptive to initiating some type of program where they can continue to have some ability to require people to go to the assessment and follow through. Defendants are told they need to do the assessment to get their license back, and then they get arrested again and they still never did the assessment or got their license and those people are just processed through the system, but the Court has no ability to get any information back as to whether they really went to the assessment and did any follow through. Judge Zuidmulder feels the community is becoming more focused on OWI issues and there are a number of agencies involved in the process, but nobody is working together to make the public policy that the AODA assessment must be done and the person must complete the recommended follow through.

Agar responded that his understanding is that if someone is ordered to have an assessment from an OWI, they have to come to the local agency, in this case, Brown County, and pay the assessment fee and have the assessment. The incentive is that they want their license back. If they do not complete the assessment, they do not get the license back and if they choose to drive without a license that is something Human Services has no control over. If someone does present for an assessment, it is a driver's safety assessment through the DOT as opposed to an alcohol and drug assessment. The driver safety plan assessment identifies the level of care the person needs and the person is then provided a list of treatment providers which could be Brown County or another provider and the responsibility is then on that individual to be self-accountable to the Court and community to go to the treatment. If they do not follow up with the treatment, there is a notification sent to the DOT and the person will not get their license back.

Pritzl said what Agar has explained is the process that is logical and does what they are supposed to do, but there are people who do not operate that way. DA Lasee added that the other issue is in order to get the license back, they have to pay off all their fees and assessments as well as pay the monthly fee for an interlock device. These are typically not going to be the logical thinkers who do what they have to do. Having some ability for the Court to have some control over this may be worthwhile. Judge Zuidmulder said legislatively we need to sever the AODA assessment off from being impeded in any way by paying the fines so they still get the treatment, irrespective of getting their licenses back. Throwing all the other stuff in there is taking the focus off of lot of people who have a social problem and are a danger to the community and need help. He continued that he receives calls from legislators who ask how to increase penalties on drunk drivers and the conversation he will be having with them in the future will be regarding the AODA treatment programs and the ability to get in the programs and keep that separate from any fines and punitive stuff because they need the treatment.

Birmingham asked what the possible results of an AODA assessment could be. Agar said if it is a driver safety plan assessment the minimum would be driver's education, like a class at NWTC that covers the effects of alcohol and driving and how alcohol affects the body and the consequences of it. The next level would be individual counseling or individual and group counseling, or intensive outpatient or residential treatment. Birmingham asked if the location to get the assessment is ever a barrier to people since they should not be driving there if they do not have a license. Agar said often people have occupational licenses and there would also be bus service, so the location should really not be a barrier for those who are motivated to get their license back.

b. Discussion of initiatives taken in other states/counties/municipalities.

Pritzl recalled at the last meeting we talked about prescribers and some of the rules that apply and questions as to who can prescribe and if this varies by state. Pritzl has done some research on this and found that expanding the prescriber pool and options is something that has been talked about for a long time. The American Psychological Association has been talking since 1994 about allowing psychologists to prescribe medications. Currently there are five states that allow this, including two that border Wisconsin - Illinois and Iowa, and they have been doing it since 2014 and 2016 respectively. The first state to do this was New Mexico in 2002. Pritzl feels they likely have oversight and connections to a psychiatrist or physician. He found this information at a speakers task force meeting on suicide prevention where he was also made aware of a package of bills they would like to see advanced, one of which was changing some things around psychologists, but it was pretty limited, but there is a group of people looking at regulations so we may be able to identify some people who are interested in some other pieces to this. Brown County is not alone is some of these but there has not been a ton of progress yet. Agar added that they like psychiatric nurse practitioners

because they have additional training plus their patient interaction is typically different and often gets better results in Agar's opinion.

4. **Projects supported by half-percent sales tax.**
 - a. **Crisis Assessment Center Preliminary Design.**
 - b. **Discussion – Ideas for 2022-2023 sales taxes for mental health.**

Pritzl talked about the crisis assessment center and informed a lot of design work has been done, but there is not a final schematic yet. He explained this would be constructed as another wing at the CTC and would be very close to the inpatient unit, but completely separate and walled off. It would be approximately 4,000 square feet and would house all of the current Crisis Center functions that are downtown including all the crisis counselors, crisis counseling rooms and some observation rooms. They have a call scheduled with DHS to have a discussion about this part because the detoxification part has not gone exactly as they want and they will see what they say about general stabilization and the observation rooms are still in the plan. The addition will blend in with the overall appearance of the CTC. The inside will be fairly open in appearance. People would come in the front door and will interface with someone who will assess the current issues and then the person would go through the building to a counseling room, to medical screening if there is going to be an admission and then through a few more doors to either the inpatient unit or to the crisis stabilization unit. There has been a lot of discussion regarding who gets in and how they get in. People cannot be locked in until they are in an inpatient setting. There will still be law enforcement interaction as people progress through the process. The final design meeting will likely be held soon, but Pritzl noted they are on track with regard to the budget and a November 2020 opening.

Birmingham asked if this is still only going to be limited medical clearance. Pritzl said the medical clearance will be limited and added that they feel there are a lot of people going to emergency departments because there is no other medical person seeing them. He noted they do not have a full lab on site. Birmingham questions if this is really going to be any better than what we currently have and said she has reservations and feels people may still have to end up going to the ER. Agar said they believe the majority of people do not need a full medical clearance and battery of tests and they feel they will be able to clear the majority of people on-site. Judge Zuidmulder added that he deals with many of these people who have borderline personalities and there is a lot of drama. They are in the ERs all the time and that is very frustrating to the police. Law enforcement would likely say that only about 5 – 10% need full medical clearance. He reassured Birmingham that he does not feel officers would bring people to the facility if they do in deed need full medical clearance. Agar added that the time in custody will also likely be reduced because law enforcement will not be bringing these people to multiple locations.

5. **Detoxification.**

This item was not discussed.

6. **Outreach efforts.**

This item was not discussed.

7. **Such other matters as authorized by law.**

Hoyer thanked those present for their attendance. The next meeting date was discussed and January 15, 2020 at noon was set.

8. Adjourn.

The meeting ended at 1:12 pm.

It is again noted that there was not a quorum at this meeting and not action was taken.

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street

P.O. Box 22188

Green Bay, WI 54305-2188



Phone (920) 448-6000 Fax (920) 448-6166

To: Mental Health Treatment Sub-Committee
Human Services Committee

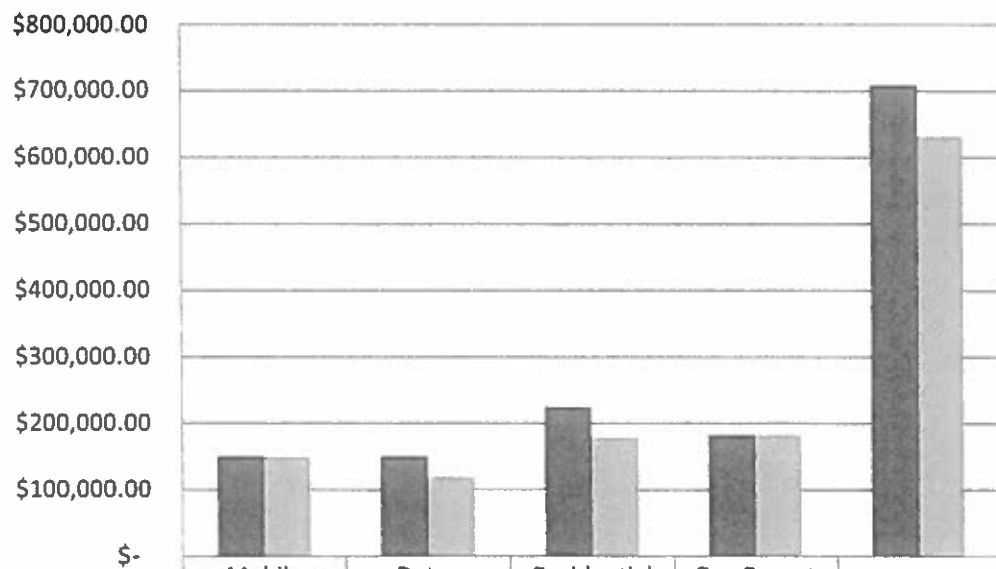
From: Erik Pritzl, Executive Director

Date: October 16, 2019

Re: 2019 Expenditures YTD

The chart below provides a summary of expenditures in the four different areas for January-October, 2019. This information is current through October 11, 2019.

Mental Health Initiative Expenditures January-October, 2019



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
Amended Budget (Pro-rated)	\$150,000.00	\$150,277.50	\$225,000.00	\$183,110.00	\$708,387.50
Expenditures	\$150,000.03	\$120,228.48	\$178,859.10	\$183,109.50	\$632,197.11



Your Recovery
Just Ahead

Brown County's Vivitrol Program

Research has indicated that medication alone is not enough to sustain recovery from Substance Use Disorders. Because of this, Brown County HHS Department requires that consumers that are participating in the Vivitrol program engage in therapy in addition to receiving monthly injections. Failure to follow through with program expectations could result in a discontinuation of medications and discharge from the program. Responsibilities of the consumer include:

- Attend a weekly Vivitrol group and providing a UA sample at that time.
- Attendance and active participation in AODA treatment.
- Work towards abstinence from all

mood altering substances, including alcohol.

- Receive all injections on time.
- Meet with an individual counselor as needed to discuss issues related to recovery.
- Meet with a prescriber as needed in order to monitor progress in the Vivitrol program.
- Sign releases to any other medical Providers. We want to work with you, so please inform us if any modifications or alternative arrangements are needed to make your treatment experience successful.

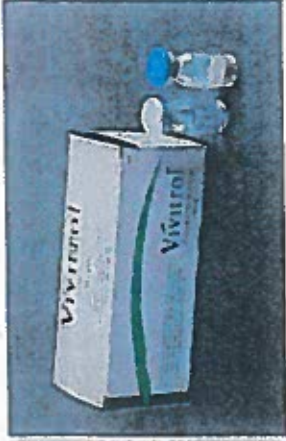
FAQ

Are there side effects from the injection? --There have been some known side effects but they are not certain to occur. Common ones include fatigue, headaches, and soreness at the injection site. These will be reviewed more thoroughly when you see a clinician.

What if I use other substances while on Vivitrol? Vivitrol does not have any effect on substances other than opiates (and to some extent, alcohol). Our program goal is abstinence from all substances, but we do understand that relapses occur. If this does happen, we expect consumers to continue to work with their clinicians to construct a relapse prevention plan. In the event of ongoing or dangerous use, a referral to a higher level of care will be made.

Am I eligible for services? Two grants through DHS to Brown County ensure that people should be able to get initial injections through Brown County or the jail. Continued services will require insurance coverage compatible with Brown County HHSID. We serve BadgerCare Plus and Unity clients, as well as some commercial insurance.

What other services are available? -- Consumers that participate in this program are eligible for all other Outpatient services including groups, individual counseling, and psychiatry services where needed.



What is Vivitrol?

Vivitrol is an opiate **blocker**

Vivitrol is an injectable medication that is provided every 28 days to block the effects of opiate use. The result is that even if you do use, you will not feel the effects. Most people also experience a significant reduction in cravings while on this medication. Typical course of treatment for Vivitrol is 6-12 months.



What if I say yes to Vivitrol while I am in the Brown County Jail?

If you express interest in Vivitrol after going through detox, your name will be given to Brown County Health and Human Services clinicians by the jail medical staff. These clinicians will then come to see you in the jail to assess your appropriateness for the program. Due to high levels of interest please do not submit your name for referral if you are not fully invested or will not be available to participate in treatment services in the community.

Brown County
HHSD

3150 Gershwin Drive
Green Bay, WI, 54311

<https://www.co.brown.wi.us/departments/?department=dd09bd30c78e&subdepartment=542b4bc5bcbd>

Treatment with a Medication Component

Due to the need for concurrent therapy along with medication for opioid use disorders, the term "treatment with a medication component" is replacing "medication assisted therapy" in order to emphasize the importance of therapy in the recovery process.



Best outcomes are achieved with medication *and* treatment

BROWN COUNTY HUMAN SERVICES

Brown County Community Treatment Center
Outpatient Clinical Services Division
3150 Gershwin Drive
Green Bay, WI 54311



Phone (920) 391-6940

BROWN COUNTY HUMAN SERVICES COMMUNITY TREATMENT PROGRAM OUTPATIENT ADULT SERVICES

The Brown County Human Services Department provides comprehensive programming for adults with mental health and substance use issues who lack the resources to obtain services elsewhere in the community. Consumers work with a multi-disciplinary team to identify their needs and develop treatment plans that reduce the need for inpatient hospitalization and maintain the least restrictive living environment.

Individuals seeking services must:

- Be residents of Brown County
- Have a mental health or mental health and substance use issue that requires treatment or intervention
- Have difficulty in obtaining services elsewhere

Services include:*

- Outpatient Psychiatric Clinic
- Substance Use Disorder Services
- Targeted Case Management Services
- Comprehensive Community Services Program
- Community Support Program

**Mental Health and Substance Use services are funded in part, through Medicare, Medicaid-Title 19 and private insurance.*

**Fees may be charged for some services.*

**Certain programs may require Medicaid enrollment.*

1. OUTPATIENT PSYCHIATRIC SERVICES:

The Brown County Human Services Outpatient Psychiatric Clinic is committed to providing quality medication management services to the residents of Brown County. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff.

General Eligibility:

- Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.



3
1

Services Offered:

- Initial assessment and diagnostic sessions (approximately 50-60 minutes)
- Follow-up medication management sessions (approximately 15-20 minutes)
- Nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

2. OUTPATIENT SUBSTANCE USE DISORDER TREATMENT SERVICES

The Brown County Human Services Outpatient provides quality treatment services to the residents of Brown County in need of programming for substance abuse services. Services are provided by Certified Substance Abuse counselors under the supervision of a Clinical Supervisor and psychiatrist.

General Eligibility:

- Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

Services Offered:

- Initial assessment session (approximately 90 minutes)
- Individual and family/couples sessions (approximately 45-50 minutes)
- Primary Care Group treatment (meets three times/week for 90 minutes)
- Continuing Care Group treatment (meets once/week for 90 minutes)

3. TARGETED CASE MANAGEMENT

The Brown County Human Services Community Treatment Program exists to provide comprehensive programming to adults who are Brown County residents and in need of mental health and/or AODA services.

Case managers and adult consumers with chronic mental illness and/or substance use disorders work together to develop a treatment plan that best meets their needs. Case managers provide support and assistance in accessing community services. They generally do not provide therapy, but will assist consumers with referrals as needed. Services are provided to consumers on both a voluntary and court-mandated basis.

An assessment is completed in order to determine eligibility for targeted case management. Criteria assessed for include psychiatric and AODA inpatient stays, need for crisis services, diagnosis, level of functioning in all areas, and ability to access services.

Services Provided by Case Managers Include:

- Working with consumers to develop a treatment plan
- Coordinating appointments and psychiatric/AODA treatment
- Assisting in accessing psychiatric medications
- Developing plans and support to address crisis situations
- Monitoring cooperation with court-ordered treatment (as needed)

4. COMPREHENSIVE COMMUNITY SERVICES

Comprehensive Community Services (CCS) is a community based rehabilitation program that provides consumer centered and directed psychosocial services that promote recovery.

CCS is designed to empower consumers to take an **active** role in treatment and recovery and engage in positive relationships with staff and peers. As part of the program, CCS consumers will have a Recovery Team. The Recovery Team, identified by the consumer, participates in needs assessment, service planning and delivery, supportive activities, and the evaluation of desired outcomes.

Individuals seeking services must:

- Be residents of Brown County
- Have a mental health and/or substance use issue that requires treatment or intervention
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen
- Be willing to participate (voluntary enrollment)

Services offered (but not limited to):

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Mental Health Education

5. COMMUNITY SUPPORT PROGRAM

A Community Support Program (CSP) is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment plan and qualified staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services. These programs are for people needing intensive monitoring in the community.

CSP has a multidisciplinary team consisting of case managers, mental health technicians, RNs and psychiatry dedicated to individuals enrolled in services. In addition, direct services are provided by CSP staff or in conjunction with staff from other funding sources.

Brown County has an internal CSP and also contracts with Villa Hope CSP in Green Bay.

Individuals seeking services must:

- Be residents of Brown County
- Have a chronic mental health that requires repeated acute treatment or prolonged periods of institutional care
- Exhibits persistent disability or impairment in major areas of community living
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen

Services offered (but not limited to):

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Assistance obtaining:

- Services to meet physical and dental health needs
- Needed legal services
- Needed transportation services
- Financial support and money management services
- Living accommodations

To Inquire Further or Make a Referral:

Contact Jamie Murphy, MSW, APSW, SAC at 920-391-4723.

Case Management Services Overview

People with needs related to mental health, substance use, aging or disabilities can qualify for case management services when they meet functional and financial eligibility requirements. Brown County Health & Human Services provides a number of programs for these case management services, and receives funding either through an allocation by the State of Wisconsin, or through billing of Medical Assistance (BadgerCare).

Case Management Service	General Description	Eligibility	Funding (Allocation, Billing, etc.)	Current Enrollment
Targeted Case Management (TCM)	Targeted Case Management services can be provided to children and adults who have a need for coordinated services due to a mental illness, substance use dependency, physical disability, developmental disability, aging, or a Severe Emotional Disturbance.	Functional requirements including validation of the condition.	Case management is billed to Medical Assistance. Services are billed separately by providers.	293
Community Support Program (CSP)	The Community Support Program (CSP) is for adults living with a serious and persistent mental illness. CSPs provide coordinated professional care and treatment in the community that includes a broad range of services to meet individual's unique personal needs, reduce symptoms, and promote recovery. CSPs are designed to be capable of providing services that can be tailored to the individual's needs at any given time, ranging from minimal to intensive, or a level that might otherwise require care in a hospital setting. ¹	Qualifying mental health diagnosis that imposes a disability in daily living and a risk of a continuing pattern of hospital or institutional care. Examples of a qualifying mental health diagnosis include Schizophrenia or Bi-Polar Disorder.	Allocation/Contract with DHS	BC = 19 Villa Hope = 48
Comprehensive Community Services (CCS)	Comprehensive Community Services (CCS) is a program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient	Qualifying mental health diagnosis and functional impairment in one more life	Service facilitation (case management) is billed as a service. Other	127

	care, but less than the intensive care provided in an inpatient setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual. ¹	domains.	services are billed separately.
Children's Long Term Support (CLTS)	The Children's Long-Term Support (CLTS) Waiver Program is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community. ¹	Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities.	Allocation/Contract with DHS 471

¹Information on program descriptions was obtained in whole or part from Wisconsin Department of Health Services websites.

Crisis Services are also provided under DHS 34, which provides support to individuals within the county that have crisis needs defined as follows:

"Crisis" means a situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. Eligible individuals are county residents or persons in the county. Services are billable to Medicaid if a client is eligible or has Medicaid coverage.

"Welcome to our support community"

We prioritize treatment of pregnant women and women with dependent children

Counselors provide substance abuse treatment in the following languages:

- English
- Spanish

And on-call interpreters provide translation in:

- Hmong & Some Other Languages



"We loved how you could come here for answers and never be judged—it's a safe, confidential, judgment-free zone!"

Come Share & Recover!



Substance abuse services offered by us:

- Intake, assessment, or referral
- Substance abuse treatment focusing on establishing and maintaining your recovery from substance abuse and on preventing relapse

We offer treatment services to individuals with:

- substance abuse issues
- both mental health concerns & substance abuse issues



Contact us at **920-391-4720**

3150 Gershin Drive
Green Bay, WI 54311

Brown County Alcohol & Other Drug Abuse (AODA) Programming:

Primary Care Group
Continuing Care Group
Individual Counseling
Hispanic AODA Group
IDP Assessments
AODA Prevention



Primary Care Group

- 8 week Intensive Outpatient (IOP) group that meets 3 times per week for 1.5 hours each session.
- Meets Mondays, Wednesdays, & Thursdays in mornings or evenings
- Family Group is offered to provide education & support for family & those in relationships with clients

Continuing Care Group:

- Usually completed after Primary Care, for client with past AODA treatment & stability & sobriety already established
- 16-week Aftercare/Relapse Prevention, meets once weekly for 1.5 hours, in mornings or evenings

Spanish-Speaking AODA Group:

- 24-weekly sessions, meet for 1.5 hours each
- Both morning and late afternoon groups are available



Intoxicated Driver Program:

- If you are convicted of an Operating While Intoxicated (OWI) offense, court will order you to receive an alcohol and other drug assessment.
- If you are a resident of Brown County, please appear in person with a money order for \$275 to schedule an assessment.
- After completing the assessment, you will receive a driver safety plan.
- If that driver safety plan requires you to go through treatment, there are a number of agencies to choose from.
- If you don't have insurance, this and other agencies offer services for fees based on your income/ability to pay

AODA Prevention

The inappropriate use of alcohol and other drugs can have a powerful effect on the health of individuals, their families, & their communities. Brown County is committed to preventing misuse of alcohol and drug abuse by encouraging all residents to make healthy choices regarding the use of alcohol and drugs. Brown County receives funding through an AODA SAMHSA Prevention grant and actively collaborates with 2 Brown County AODA coalitions.



Proceedings of the Brown County

Supervised Release Committee

A regular meeting of the Brown County Supervised Release Committee was held on Thursday November 29th, 2018 in room 650 Northern Building, 305 East Walnut Street, Green Bay, WI.

SUPERVISED RELEASE COMMITTEE – CURRENT MEMBERS AND ALTERNATES:

SUPERVISED RELEASE COMMITTEE – CURRENT MEMBERS AND ALTERNATES:

- 1) **Brown County Corporation Counsel Office**
Samantha Wagner, Chair; David Hemery, Alternate;
- 2) **Brown County Planning and Land Use Department**
Devin Yoder, Vice-Chair; Dan Teaters, Alternate;
- 3) **Brown County Department of Health and Human Services**
Ian Agar, Secretary; Eliza Killian, Alternate;
- 4) **Wisconsin Department of Health Services**
Mick Chase, Member; Angie Serwa, Alternate; Scott Timm, Alternate; and
- 5) **Wisconsin Probation and Parole**
Chris Susa, Member, and alternate Aaron Sabel Region 4 Chief

- I. Meeting was called to order at 9:00 am on 11-29-2018 by Sam Wagner.
- II. Committee Members Present: Samantha Wagner, Devin Yoder, Ian Agar, Mick Chase(by phone) and Chris Susa.
- III. A roll call established that we had a committee quorum.
- IV. A motion was made to approve the agenda by Ian Agar and seconded by Chris Susa-passed unanimously.
- V. Minutes from the prior meeting were discussed and a motion to amend the minutes was made by Devin Yoder and seconded by Chris Susa, with amendment made to item 4 from the prior meeting-passed unanimously.
A motion to approve the amended minutes was made by Devin Yoder and seconded by Ian Agar-motion passed unanimously.
 1. a) Closed Session: A motion to go into closed session pursuant to Wis. Stat. Secs. 19.85(1) (a) and 19.85(1)(f) was made by Chris Susa, seconded by Devin Yoder - passed unanimously. Non-members of the committee left the room and the door was closed.

b) Convened in closed session. The Committee convened into closed session pursuant to Wis. Stat. Secs. 19.85(1) (a) and 19.85(1)(f).

c) A motion was made by Devin Yoder and seconded by Chris Susa to reconvene into open session - passed unanimously, and the door was opened. Minutes will be placed on file.

- VI. A motion was made by Chris Susa to approve a property at 927 Liberty Street for use to house 980 offenders and this was seconded by Devin Yoder-passed unanimously. DHS has also identified 4 new vendors and several properties have been secured to provide housing. No follow up meeting was scheduled at this time as there are no pending petitions to be brought to the attention of the committee. When new petitions are brought to the attention of the committee members, a follow up meeting of the committee will be initiated.
- VII. Adjourn: A motion to adjourn was made by Devin Yoder and seconded by Chris Susa-passed unanimously. Meeting ended at approximately 9.30am

These Minutes were prepared by:

Ian Agar, Secretary, Brown County Supervised Release Committee.

**PROCEEDINGS OF THE BROWN COUNTY
VETERANS' RECOGNITION SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Brown County Veterans' Recognition Subcommittee was held on Tuesday, November 19, 2019 at 4:30 pm in Room 201 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

PRESENT: Chair Bernie Erickson, Vice Chair Ed Kozlowski, Duane Pierce, Joe Aulik, Joan Brusky, Jim Haskins, Louise Dahlke

EXCUSED: Kerry Metoxen, Ken Corry, Jerry Polus

1. Call Meeting to Order.

The meeting was called to order by Chair Erickson at 4:30 pm.

2. Approve/Modify Agenda.

Motion made by Joan Brusky, seconded by Jim Haskins to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

3. Approve/Modify Minutes of October 15, 2019.

Motion made by Duane Pierce, seconded by Ed Koslowski to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

4. Invocation.

Jim Haskins gave the invocation at this time.

5. Update re: Honor Rewards Program.

CVSO Joe Aulik informed Register of Deeds Cheryl Berken contacted each of the participating business to see if they were still on board.

6. Discussion re: Veterans Day.

Haskins had a copy of the article that was in the *Press Gazette*. It was a good article and appeared online as well as in the printed paper. Koslowski thanked the group for all of their work on gathering the offers and Brusky thanked Koslowski for all of his work. Haskins noted he was at the VFW event and said some people wanted to have a printed copy of the area events and offers because they do not get the newspaper. Koslowski said most people have a phone and can access the information electronically. Aulik informed that if the article is received in time it can also be posted on their webpage and sent out to all of the veteran contacts in his database. Erickson added that the printout can be blown up and posted on poster board at the VFW and then people can take a picture of it on their phone for reference.

Haskins talked about the events and offers he took place in on Veterans Day. He also mentioned that the manager at Texas Roadhouse has expressed a number of times that he can do things to help out veterans.

1 f

Brusky feels the efforts of this subcommittee are very much appreciated by the veterans and she asked Koslowski how much work it is to get this all put together. Koslowski said he does everything electronically and also monitors other social media pages and adds offers and events as he sees them and he also researches the national websites of different companies to look for their offers. Brusky thanked Koslowski for all of his efforts.

Aulik informed the event at the Museum was well attended and it was nice that it was located there because the Vietnam Vets had their event at the same time at their memorial nearby.

7. Report from CVSO Joe Aulik.

Aulik reported that the recent Flight of Champions went off very smoothly with no issues. There was a good crowd on hand to welcome the flight back home and Pierce felt the crowd was larger this time than the last time. Erickson informed the event was so successful that a representative of the Packers has been invited to speak at the March NFL meeting to try to get more NFL teams involved in programs like that.

Aulik continued that his office continues to focus on marketing benefits and outreach. He noted that last month they were at \$1.4 million dollars in retro pay and now they are at \$1.7 million dollars. He feels this amount will likely rise to \$2 million dollars by the end of the year. The largest claim they had this year for retro pay was \$350,000. Aulik explained when someone goes in to the service, they are sound and whole and when they come out, they have to be returned to society the same way. If something happens during your time in the service that prevents you from being returned to society sound and whole, you are compensated for that. He also explained retro payments, retirement payments and other benefits. They handle unique benefits tied to unique individuals who have unique experiences and unique toxic exposures.

8. Report from Committee Members Present (Erickson, Brusky, Corry, Dahlke, Haskins, Koslowski, Metoxen, Pierce, Polus).

-Erickson informed there will not likely be much going on in December and suggested this subcommittee not meet again until January. This was agreeable to all so the next meeting will be held on January 21, 2020.

Erickson also read a message he received from Kerry Metoxen inviting everyone to his office on November 26 starting at 11:30 am for a wild game feast.

-Brusky informed her husband was on the Flight of Champions and it exceeded his expectations. He has been talking about it a lot and sharing pictures and was very pleased with the whole event and she thanked those that made it possible.

-Haskins informed he went to Veterans Appreciation Night at the Gamblers and said this year all the veterans sat together instead of being scattered all over. The attendance seemed to be down a bit but he enjoyed himself.

-Koslowski talked about the Flight of Champions and said Joe Aulik, Snake, Jerry Polus and his wife and Joan Brusky were all there to volunteer and Ken Corry was a guardian on the flight.

-Pierce informed a meat raffle will be held on December 7 at 2:00 pm at the Avenue Bar on Velp Avenue. On December 14 Rolling Thunder will be involved in Wreaths Across America. They will be placing wreaths

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starting at Immaculate Conception Church on County E in Oneida at 11:00 am. They will then be going to the Freedom Moravian Cemetery.

9. Such Other Matters as Authorized by Law.

Erickson wished everyone a blessed Thanksgiving and a very nice Christmas as well as a Happy New Year.

10. Adjourn.

Motion made by Jim Haskins, seconded by Joan Brusky to adjourn at 5:03 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

BOARD OF SUPERVISORS
Brown County



BROWN COUNTY
BOARD OF SUPERVISORS
GREEN BAY, WISCONSIN

Meeting Date: 18 Dec 19.
Agenda No.: Public Safety - AHS

Motion from the Floor

I make the following motion:

Crisis Center - With no direct bus line, how do we
meet the needs of the people? Vouchers to get
there? What if they're wheel chair bound,
how do they get there?

Signed: Step Tra

District No. 21

(Please deliver to County Clerk after motion is made for recording into minutes.)

February 19, 2020

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE
FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT –
COMMUNITY TREATMENT CENTER DIVISION
DIETARY UNIT

WHEREAS, a table of organization request was submitted by the Health & Human Services Department-Community Treatment Center Division (“Department”); and

WHEREAS, the dietary unit at the Community Treatment Center has had turnover issues due to various reasons and although the positions are classified correctly in the classification and compensation plan, they are not all budgeted at midpoint; and

WHEREAS, the Department would like to delete (2) student intern LTE positions and bring all dietary positions below midpoint in their pay range, up to the current midpoint to assist in retention; and

WHEREAS, Human Resources, in conjunction with the Department recommends the following changes to the Department’s table of organization: the deletion of two (0.50) LTE Co-op/Intern Student positions, the deletion of (1.5) Cook positions, the deletion of (7.25) Food Service Workers and the addition of (1.5) Cook positions, the addition of (7.25) Food Service Worker positions at midpoint in their current pay range.

NOW, THEREFORE, BE IT RESOLVED by the Brown County Board of Supervisors, the following changes to the Department’s table of organization are hereby approved: the deletion of two (0.50) LTE Co-op/Intern Student positions, the deletion of (1.5) Cook positions, the deletion of (7.25) Food Service Workers and the addition of (1.5) Cook

positions, the addition of (7.25) Food Service Worker positions at midpoint in their current pay range.

Budget Impact: Health & Human Services Department- Community Treatment Center Division

Annual Budget Impact	FTE	Addition/ Deletion	Salary	Fringe	Total
Cook \$15.05/hr Position # 103.002.056 Hours: 2080	1.0	Deletion	(\$31,304)	(\$20,043)	(\$51,347)
Cook \$16.10/hr Position # 105.002.056 Hours: 1040	0.5	Deletion	(\$16,744)	(\$17,371)	(\$34,115)
Food Service Worker \$12.04/hr Position # 101.007.056 Hours: 1560	.75	Deletion	(\$18,782)	(\$3,429)	(\$22,211)
Food Service Worker \$12.68/hr Position # 103.007.056 Hours: 1456	.70	Deletion	(\$18,462)	(\$8,062)	(\$26,524)
Food Service Worker \$11.98/hr Position # 108.007.056 Hours: 728	.35	Deletion	(\$8,721)	(\$920)	(\$9,641)
Food Service Worker \$12.02/hr Position # 109.007.056 Hours: 1560	.75	Deletion	(\$18,751)	(\$3,424)	(\$22,175)
Food Service Worker \$12.04/hr Position # 110.007.056 Hours: 728	.35	Deletion	(\$8,765)	(\$1,014)	(\$9,779)
Food Service Worker \$11.98/hr Position # 111.007.056 Hours: 2080	1.0	Deletion	(\$24,918)	(\$4,312)	(\$29,230)
Food Service Worker \$11.98/hr Position # 112.007.056 Hours: 2096	1.0	Deletion	(\$25,110)	(\$11,284)	(\$36,394)
Food Service Worker \$12.02/hr Position # 114.007.056 Hours: 2080	1.0	Deletion	(\$25,002)	(\$21,656)	(\$46,658)
Food Service Worker \$12.02/hr Position # 117.007.056 Hours: 2080	1.0	Deletion	(\$25,002)	(\$22,220)	(\$47,222)
Food Service Worker \$11.98/hr Position # 118.007.056 Hours: 728	.35	Deletion	(\$8,721)	(\$920)	(\$9,641)
LTE Co-op/Intern Student \$8.25/hr Position # 900.014.056 Hours: 1040	.50	Deletion	(\$8,580)	(\$675)	(\$9,255)
LTE Co-op/Intern Student \$7.75/hr Position # 901.014.056 Hours: 1040	.50	Deletion	(\$8,060)	(\$635)	(\$8,695)
Cook \$16.23/hr Position # 103.002.056 Hours: 2080	1.0	Addition	\$33,758	\$20,492	\$54,250

Cook \$16.23/hr Position # 105.002.056 Hours: 1040	0.5	Addition	\$16,879	\$17,397	\$34,276
Food Service Worker \$12.91/hr Position # 101.007.056 Hours: 1560	.75	Addition	\$20,140	\$3,677	\$23,817
Food Service Worker \$12.91/hr Position # 103.007.056 Hours: 1456	.70	Addition	\$18,797	\$8,123	\$26,920
Food Service Worker \$12.91/hr Position # 108.007.056 Hours: 728	.35	Addition	\$9,398	\$992	\$10,390
Food Service Worker \$12.91/hr Position # 109.007.056 Hours: 1560	.75	Addition	\$20,140	\$3,677	\$23,817
Food Service Worker \$12.91/hr Position # 110.007.056 Hours: 728	.35	Addition	\$9,398	\$992	\$10,390
Food Service Worker \$12.91/hr Position # 111.007.056 Hours: 2080	1.0	Addition	\$26,853	\$4,646	\$31,499
Food Service Worker \$12.91/hr Position # 112.007.056 Hours: 2096	1.0	Addition	27,059	\$11,640	38,699
Food Service Worker \$12.91/hr Position # 114.007.056 Hours: 2080	1.0	Addition	\$26,853	\$21,993	\$48,846
Food Service Worker \$12.91/hr Position # 117.007.056 Hours: 2080	1.0	Addition	\$26,853	\$22,557	\$49,410
Food Service Worker \$12.91/hr Position # 118.007.056 Hours: 728	.35	Addition	\$9,398	\$992	\$10,390
Annual Budget Impact					(\$183)

Partial Budget Impact 2/23/20	FTE	Addition/ Deletion	Salary	Fringe	Total
Cook \$15.05/hr Position # 103.002.056 Hours: 2080	1.0	Deletion	(\$26,488)	(\$16,959)	(\$43,447)
Cook \$16.10/hr Position # 105.002.056 Hours: 1040	0.5	Deletion	(\$14,168)	(\$14,699)	(\$28,867)
Food Service Worker \$12.04/hr Position # 101.007.056 Hours: 1560	.75	Deletion	(\$15,893)	(\$2,901)	(\$18,794)
Food Service Worker \$12.68/hr Position # 103.007.056 Hours: 1456	.70	Deletion	(\$15,622)	(\$6,822)	(\$22,444)
Food Service Worker \$11.98/hr Position # 108.007.056 Hours: 728	.35	Deletion	(\$7,380)	(\$778)	(\$8,158)

Food Service Worker \$12.02/hr Position # 109.007.056 Hours: 1560	.75	Deletion	(\$15,866)	(\$2,897)	(\$18,763)
Food Service Worker \$12.04/hr Position # 110.007.056 Hours: 728	.35	Deletion	(\$7,417)	(\$858)	(\$8,275)
Food Service Worker \$11.98/hr Position # 111.007.056 Hours: 2080	1.0	Deletion	(\$21,084)	(\$3,649)	(\$24,733)
Food Service Worker \$11.98/hr Position # 112.007.056 Hours: 2096	1.0	Deletion	(\$21,253)	(\$9,548)	(\$30,801)
Food Service Worker \$12.02/hr Position # 114.007.056 Hours: 2080	1.0	Deletion	(\$21,155)	(\$18,324)	(\$39,479)
Food Service Worker \$12.02/hr Position # 117.007.056 Hours: 2080	1.0	Deletion	(\$21,155)	(\$18,802)	(\$39,957)
Food Service Worker \$11.98/hr Position # 118.007.056 Hours: 728	.35	Deletion	(\$7,380)	(\$778)	(\$8,158)
LTE Co-op/Intern Student \$8.25/hr Position # 900.014.056 Hours: 1040	.50	Deletion	(\$7,260)	(\$571)	(\$7,831)
LTE Co-op/Intern Student \$7.75/hr Position # 901.014.056 Hours: 1040	.50	Deletion	(\$6,820)	(\$537)	(\$7,357)
Cook \$16.23/hr Position # 103.002.056 Hours: 2080	1.0	Addition	\$28,565	\$17,339	\$45,904
Cook \$16.23/hr Position # 105.002.056 Hours: 1040	0.5	Addition	\$14,282	\$14,721	\$29,003
Food Service Worker \$12.91/hr Position # 101.007.056 Hours: 1560	.75	Addition	\$17,041	\$3,111	\$20,152
Food Service Worker \$12.91/hr Position # 103.007.056 Hours: 1456	.70	Addition	\$15,905	\$6,873	\$22,778
Food Service Worker \$12.91/hr Position # 108.007.056 Hours: 728	.35	Addition	\$7,953	\$839	\$8,792
Food Service Worker \$12.91/hr Position # 109.007.056 Hours: 1560	.75	Addition	\$17,041	\$3,111	\$20,152
Food Service Worker \$12.91/hr Position # 110.007.056 Hours: 728	.35	Addition	\$7,953	\$839	\$8,792
Food Service Worker \$12.91/hr Position # 111.007.056 Hours: 2080	1.0	Addition	\$22,722	\$3,931	\$26,653
Food Service Worker \$12.91/hr Position # 112.007.056 Hours: 2096	1.0	Addition	\$22,902	\$9,849	\$32,751

Food Service Worker \$12.91/hr Position # 114.007.056 Hours: 2080	1.0	Addition	\$22,722	\$18,609	\$41,331
Food Service Worker \$12.91/hr Position # 117.007.056 Hours: 2080	1.0	Addition	\$22,722	\$19,087	\$41,809
Food Service Worker \$12.91/hr Position # 118.007.056 Hours: 728	.35	Addition	\$7,953	\$839	\$8,792
Partial Budget Impact					(\$155)

Fiscal Note: This resolution does not require an appropriation from the General Fund. The proposed resolution should result in a minimal personnel savings.

Respectfully submitted,
HUMAN SERVICES COMMITTEE
EXECUTIVE COMMITTEE

Approved By:

TROY STRECKENBACH
COUNTY EXECUTIVE

Date Signed: _____

20-019R
Authored by Health & Human Services
Final Draft Approved by Corporation Counsel's Office

HEALTH & HUMAN SERVICES

Brown County

305 E. WALNUT STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: 1-16-20
REQUEST TO: Human Services, Executive, and County Board
MEETING DATE: 1/22/20, 2/10/20, 2/19/20, respectively
REQUEST FROM: Erik Pritzl
Director

REQUEST TYPE: ☒ New resolution ☐ Revision to resolution
☐ New ordinance ☐ Revision to ordinance

TITLE: RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT – COMMUNITY TREATMENT CENTER DIVISION DIETARY UNIT

ISSUE/BACKGROUND INFORMATION:

The Dietary Department at the Community Treatment Center has recently struggled to keep people employed for various reasons. Both the Food Service Worker and Cook positions are correctly classified in their pay ranges but both positions are paid below midpoint. In efforts of retention, the department would like to delete two LTE Student Intern positions that have not been filled in at least the past four year and use the funds to bring all Dietary positions below midpoint of their paygrade, up to the current midpoint. This will be a necessary step in addressing the retention struggles.

ACTION REQUESTED:

Delete (2) LTE Co-op Student Intern positions and bring all Food Service Worker and Cook positions up to the midpoint of their current pay grade.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

1. What is the amount of the fiscal impact? \$
2. Is it currently budgeted? ☐ Yes ☐ No ☒ N/A (if \$0 fiscal impact)
 - a. If yes, in which account?
 - b. If no, how will the impact be funded?
 - c. If funding is from an external source, is it one-time ☐ or continuous? ☐
3. Please provide supporting documentation of fiscal impact determination.

☒ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

February 19, 2020

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE
FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT –
COMMUNITY SERVICES DIVISION SOCIAL WORKER/CASE MANAGER (CLTS)**

WHEREAS, the Brown County Health and Human Services Department's Children's Long Term Support (CLTS) unit provides assistance for families to keep their child with a disability at home; and

WHEREAS, the Department of Health and Human Services desires to add one (1.00) FTE Social Worker/Case Manager Position to its Table of Organization as it is necessary to provide services to clients mandated to be served that are coming off a secondary waitlist established by Department of Health Services (DHS) requirements; and

WHEREAS, there are sufficient funds available as part of the administrative costs allocated to Brown County Department of Health and Human Services from DHS; and

WHEREAS, Human Resources, in conjunction with the Department of Health and Human Services, recommends the following changes to the Department's table of organization: the addition of one (1.00) FTE Social Worker/Case Manager position in pay grade I of the Classification and Compensation Plan.

NOW, THEREFORE, BE IT RESOLVED by the Brown County Board of Supervisors, the following changes to the Health and Human Services Department's table of organization are hereby approved: The addition of one (1.00) FTE Social Worker/Case Manager position in pay grade I of the Classification and Compensation Plan; and

BE IT FURTHER RESOLVED, that, should the funding for this Position end, said Position will end and be eliminated from the Health and Human Services table of organization.

6

Budget Impact: Health & Human Services-Community Services

Annual Budget Impact (2020)	FTE	Addition/ Deletion	Salary	Fringe	Total
Social Worker/Case Manager \$28.00/hr Position # TBD Hours: 1,965	1.00	Addition	\$55,020	\$23,029	\$78,049
Add TS Equipment (Computer, Phone)					\$2,233
Funding from DHS					(\$80,282)
Annual Budget Impact					- 0 -

Partial Budget Impact (3/2/20-12/31/20)	FTE	Addition/ Deletion	Salary	Fringe	Total
Social Worker/Case Manager \$28.00/hr Position # TBD Hours: 1,965	1.00	Addition	\$45,850	\$19,191	\$65,041
Add TS Equipment (Computer, Phone)					\$2,233
Funding from DHS					(\$67,274)
Annual Budget Impact					- 0 -

Fiscal Note: This resolution does not require an appropriation from the General Fund. The cost of this change will be funded by the Wisconsin Department of Health Services.

Respectfully submitted,
HUMAN SERVICES COMMITTEE
EXECUTIVE COMMITTEE

Approved By:

TROY STRECKENBACH
COUNTY EXECUTIVE

Date Signed: _____

20-006R
Authored by Health and Human Services Department
Final Draft Approved by Corporation Counsel's Office

HEALTH & HUMAN SERVICES

Brown County

305 E. WALNUT STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: 12-9-19
REQUEST TO: Human Services, Executive, and County Board
MEETING DATE: 1-22-20; 2-10-20; 2-19-20
REQUEST FROM: Erik Pritzl
Director
REQUEST TYPE: ☒ New resolution ☐ Revision to resolution
☐ New ordinance ☐ Revision to ordinance

TITLE: RESOLUTION REGARDING TABLE OF ORGANIZATION CHANGE FOR THE HEALTH AND HUMAN SERVICES DEPARTMENT – COMMUNITY SERVICES DIVISION SOCIAL WORKER/CASE MANAGER (CLTS)

ISSUE/BACKGROUND INFORMATION:

DHS provided funding to the CLTS program in order to provide services to clients mandated to be served that are coming off a tertiary waitlist.

ACTION REQUESTED:

Add a 1.0 Social Worker/Case Manager position.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

1. What is the amount of the fiscal impact? \$0
2. Is it currently budgeted? ☐ Yes ☐ No ☒ N/A (if \$0 fiscal impact)
 - a. If yes, in which account?
 - b. If no, how will the impact be funded? DHS Funding
 - c. If funding is from an external source, is it one-time ☐ or continuous? ☐
3. Please provide supporting documentation of fiscal impact determination.

☒ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: January 9, 2020

Re: Executive Director's Report

General Updates:

- The Criminal Justice Services program area has been very active, with just over 2,400 Public Safety Assessments completed in 2019. Safety Rates (no new criminal charges) and Appearance Rates for court hearings are both over 90%. This program area became operational in May, 2019 and when a full year of data is available more information will be provided.
- There are no updates to share on the Secure Residential Care Center for Children and Youth (SRCCCY) at the State level.
- Recruitment for many new positions is underway in Child Protective Services and Behavioral Health. This is generating some internal movement and will lead to additional recruitments to fill positions.
- Final design meetings for the Crisis Assessment Center at the CTC have wrapped up, and the next phase will be bidding on the project.

2019 Department Highlights:

Community Services

- Continued reduction in Emergency Detentions for mental health consumers. This can reduce time by other system partners such as the Courts, and Law Enforcement
- Expansion of Medication Assisted Treatment (MAT) for offenders in the jail, with the first injection starting while the person is incarcerated and then continuing with an outpatient provider.
- Successfully recruiting a clinician for the officer-clinician team with the Green Bay Police Department mental health officers. This person started in June, 2019.
- Engaged with elected representatives at the State level to advocate for increased funding in Child Welfare. This was successful, and Brown County saw an increase in the allocation of just over \$1.2M.

- Created the Criminal Justice Services program area, and transferred all Treatment Court and Criminal Justice services to this new area by July 1, 2019.
- Transitioned Child Care to a streamlined application process that is a “one touch” model of service with cross-trained Economic Support Specialists.
- Opened the Family Visitation Center in Child Protective Services. This was a community collaboration between Leadership Green Bay, Capital Credit Union, Health & Human Services, Neighbor Works, Friends of PALS, and other community members.
- Responded to flood-related needs collaboratively with Red Cross and the Public Health division to open a reception center that transitioned to a shelter at Preble High School.

Public Health

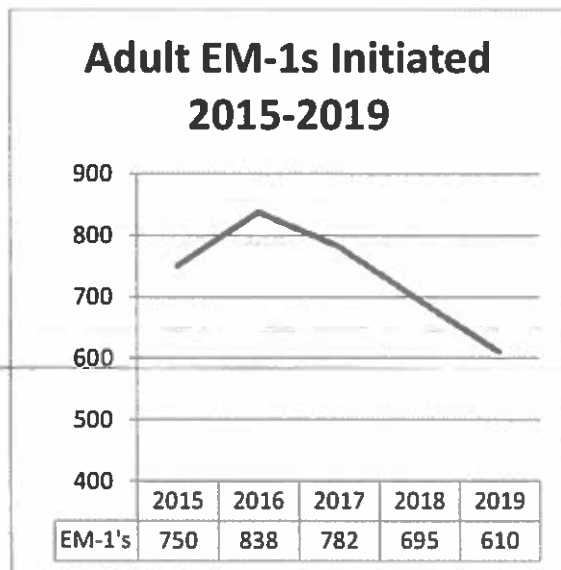
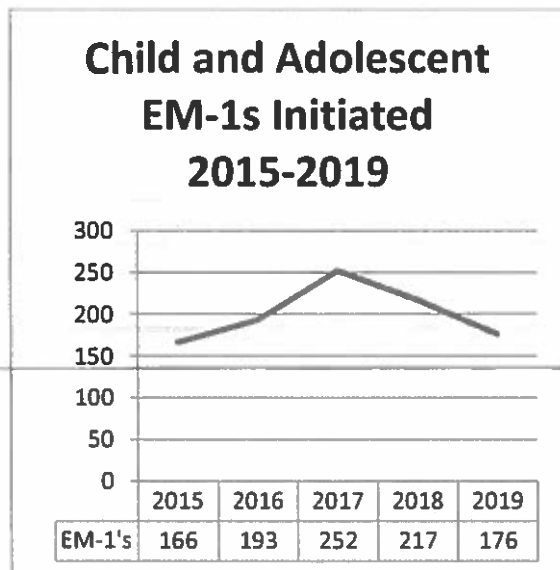
- Assessed the home visitation program and services with internal and external stakeholders to identify the model of service going forward and the role of Public Health. Initially the division was going to continue and expand services, but after further assessment it was determined that gaps could be filled by community partners.
- Completed the DHS 140 review of Public Health Services and maintained the highest level of certification—Level III.
- Relocated to the Sophie Beaumont Building at the end of February, 2019. This move had little disruption in services to the public, and went very well.

Community Treatment Center

- On track for a second positive financial closeout of the calendar year.
- Maintained high utilization of units, with Nicolet Psychiatric Center exceeding budgeted daily census, Bay Haven being close to budget (7.1 vs. 7.9), and Bayshore Nursing Home being close to budgeted census (60.4 vs. 61.3).
- Initiated the planning process for the Crisis Assessment Center addition, including medical screening services.
- Took leadership for creating standardized medical clearance guidelines for inpatient mental health facilities in Brown County.
- Completed the annual Nursing Home survey with no resident care deficiencies and in substantial compliance with regulations.

Emergency Detentions:

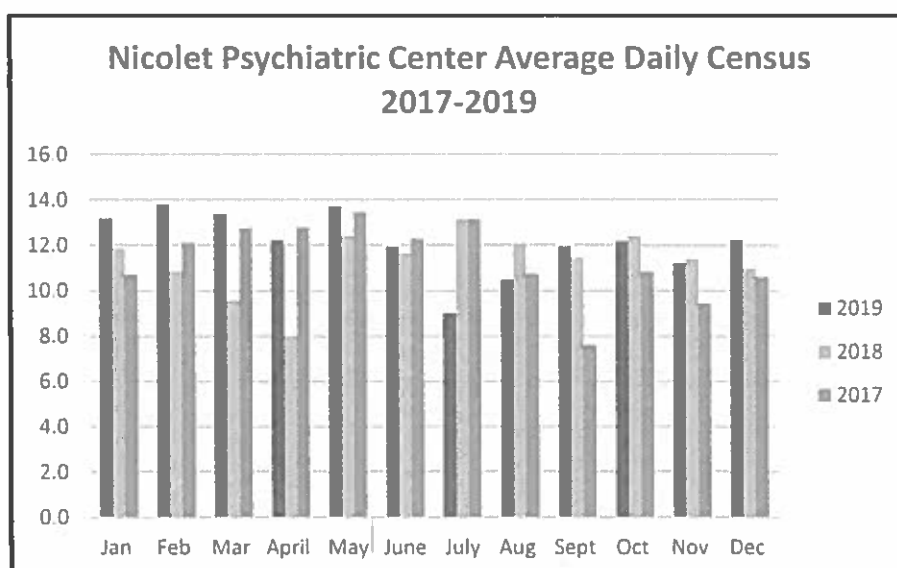
In the final numbers tracked in 2019, there was a decrease in the emergency detentions (EM-1s) initiated. The decrease in child and adolescent detentions initiated was about 19%, and the reduction in adult detentions initiated was about 12%. The charts that follow provide a five year history in this area.

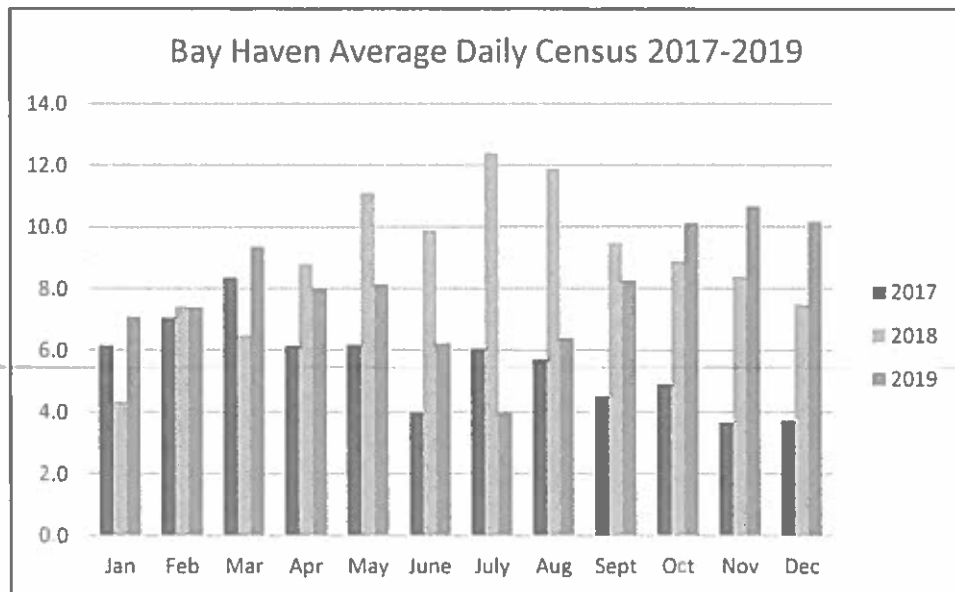


Community Treatment Center

The average daily census at our Community Treatment Center finished the year higher in 2019 than prior years. The average daily census for December was 12.2 at the Nicolet Psychiatric Center, and the average daily census at Bay Haven (CBRF) for December was 10.2. It's worth noting that voluntary admissions to the Nicolet Psychiatric Center made up 31% of the total admissions in 2019 compared to 24% in 2018.

Three years of average daily census at the Nicolet Psychiatric Center (NPC) and Bay Haven (CBRF) are presented visually in the charts below.





BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: January 9, 2020

Subject: 11/30/19 YTD Financial Results and Year End Projection for CTC and Community Services

Community Treatment Center

The Community Treatment Center through 11/30/19 shows total revenues at 100.3% of the annual budget and expenses at 93.3% compared to a benchmark of 91.7% year-to-date for 11 of 12 months. This has created a considerable favorable budget variance which is anticipated to continue through December. Included at the bottom of the attached CTC 11/30/19 summary income statement is a projection of 2019 annual results which shows an estimated year-end result of \$140,885 excess revenue over expense. Because of the CTC budgeted deficit amount of \$536,450 which represents primarily non-cash depreciation expense, this projected result would create an annual favorable budget variance of \$677,335.

Higher hospital census for NPC and the unanticipated prior year Nursing Home supplemental funding payment of \$514,992 received in 2019 are the two largest factors contributing to this projected favorable budget variance.

Community Services

Financial results through November for Community Services include revenues at 90.5% of the annual budget or 1.2% below the benchmark of 91.7% for 11 months. Expenses are at 91.3% or 0.4% under the benchmark. This results in an 11/30 YTD deficit of \$439,025. However, this deficit will be offset by significantly favorable WIMCR and CCS 2018 cost report settlements received from the state in December. As shown in the 2019 year-end projection included at the bottom of the attached 11/30/19 summary income statement for Community Services, this favorable cost settlement impact is \$941,237. Including this favorable impact, the projected 2019 year-end financial result is \$167,300 excess revenue over expense.

The unfavorable YTD revenue variance noted above is due primarily to the 2018 prior year CLTS and CCOP adjustment of \$336,498 recorded in June. The Shelter Care capital outlay project for bathroom renovations is partially complete at year-end with approximately half of the \$153,000 project completed as of 12/31/19, so a budget carryover request is needed for completion of the project in early 2020.

In November a significant budget adjustment was recorded in the amount of \$1,932,416 which increased purchased services from providers for expanded CLTS services in 2019 and revenue provided by the state to pay for these services based on the ongoing DHS initiative to eliminate the waiting list state-wide for children in need of these services.

Respectfully Submitted,

Eric Johnson
Finance Manager



Community Treatment Center

Through 11/30/19
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - Community Treatment Center								
REVENUE								
Property taxes	3,200,420.00	.00	3,200,420.00	266,701.67	2,933,718.37	266,701.63	91.7%	2,932,609.13
Intergov Revenue	4,194,042.00	.00	4,194,042.00	393,963.32	4,578,190.80	(384,148.80)	109.2%	4,311,208.29
Public Charges	4,004,411.00	1,501.00	4,005,912.00	410,487.34	4,191,732.43	(185,820.43)	104.6%	4,231,542.19
Miscellaneous Revenue	1,554,137.00	.00	1,554,137.00	114,167.43	1,295,275.79	258,861.21	83.3%	1,374,611.38
Other Financing Sources	.00	155,693.00	155,693.00	.00	155,693.00	.00	100.0%	58,565.00
REVENUE TOTALS	\$12,953,010.00	\$157,194.00	\$13,110,204.00	\$1,185,319.76	\$13,154,610.39	(\$44,406.39)	100.3%	\$12,908,535.99
EXPENSE								
Personnel Costs	9,134,103.00	120,194.00	9,254,297.00	850,567.36	8,565,386.18	688,910.82	92.6%	8,767,364.00
Operating Expenses	4,305,357.00	87,000.00	4,392,357.00	406,930.18	4,170,533.88	144,602.25	94.9%	3,894,621.49
Outlay	87,000.00	(87,000.00)	.00	.00	836.32	(836.32)	+++	1,305.58
EXPENSE TOTALS	\$13,526,460.00	\$120,194.00	\$13,646,654.00	\$1,257,497.54	\$12,736,756.38	\$832,676.75	93.3%	\$12,663,291.07
Fund 630 - Community Treatment Center Totals								
REVENUE TOTALS	12,953,010.00	157,194.00	13,110,204.00	1,185,319.76	13,154,610.39	(44,406.39)	100.3%	12,908,535.99
EXPENSE TOTALS	13,526,460.00	120,194.00	13,646,654.00	1,257,497.54	12,736,756.38	832,676.75	93.3%	12,663,291.07
Grand Totals	(\$573,450.00)	\$37,000.00	(\$536,450.00)	(\$72,177.78)	\$417,854.01	(\$877,083.14)		\$245,244.92
Less: \$514,992 prior year nursing home supplemental revenue payment recorded in August 2019					(\$97,138)			
Annualized based on 11/30 YTD results adjusted for prior year nursing home supplemental payment					(\$105,969)			
Add back \$514,992 prior year nursing home supplemental revenue payment					\$514,992			
Expenditures in Dec. for special foundation repair project & dietary equipment					(\$71,000)			
Reserve for unexpected year-end expenses or revenue adjustments					(\$100,000)			
Projected year-end financial result for Community Treatment Center					<u>\$140,885</u>	Favorable budget variance \$677,335		



Community Services

Through 11/30/19
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - Community Services								
REVENUE								
Property taxes	15,986,348.00	.00	15,986,348.00	1,332,195.69	14,654,152.59	1,332,195.41	91.7%	14,825,046.50
Intergov Revenue	33,020,137.00	2,398,097.00	35,418,234.00	2,862,639.79	31,644,211.91	3,774,022.09	89.3%	29,425,271.55
Public Charges	2,263,051.00	11,400.00	2,274,451.00	199,858.01	2,139,524.73	134,926.27	94.1%	1,916,459.49
Miscellaneous Revenue	86,250.00	54,139.00	140,389.00	15,263.48	224,120.25	(83,731.25)	159.6%	174,973.88
Other Financing Sources	36,639.00	578,352.00	614,991.00	.00	614,991.00	.00	100.0%	267,070.38
REVENUE TOTALS	\$51,392,425.00	\$3,041,988.00	\$54,434,413.00	\$4,409,956.97	\$49,277,000.48	\$5,157,412.52	90.5%	\$46,608,821.80
EXPENSE								
Personnel Costs	20,122,872.00	909,899.00	21,032,771.00	1,713,451.35	18,897,578.55	2,135,192.45	89.8%	17,982,608.48
Operating Expenses	31,141,553.00	2,107,589.00	33,249,142.00	2,658,304.88	30,818,447.44	2,423,305.99	92.7%	30,151,942.94
Outlay	128,000.00	49,500.00	177,500.00	.00	.00	177,500.00	0.0%	30,537.03
EXPENSE TOTALS	\$51,392,425.00	\$3,066,988.00	\$54,459,413.00	\$4,371,756.23	\$49,716,025.99	\$4,735,998.44	91.3%	\$48,165,088.45
Fund 201 - Community Services Totals								
REVENUE TOTALS	51,392,425.00	3,041,988.00	54,434,413.00	4,409,956.97	49,277,000.48	5,157,412.52	90.5%	46,608,821.80
EXPENSE TOTALS	51,392,425.00	3,066,988.00	54,459,413.00	4,371,756.23	49,716,025.99	4,735,998.44	91.3%	48,165,088.45
Grand Totals	\$0.00	(\$25,000.00)	(\$25,000.00)	\$38,200.74	(\$439,025.51)	\$421,414.08		(\$1,556,266.65)

Annualized for 12 months based on 11/30 YTD results	(\$478,937)	
Dec. Outlay expenditures estimate for 2019 Shelter Care bathroom project & vehicle purchase	(\$95,000)	
Reserve for unexpected expenses or revenue adjustments	(\$200,000)	
WIMCR & CCS 2018 cost report settlements over budget	\$941,237	
Estimated year-end projection for Community Services	\$167,300	Favorable budget variance \$192,300

**BROWN COUNTY COMMUNITY TREATMENT CENTER
NOVEMBER 2019 BAY HAVEN STATISTICS**

	NOVEMBER	YTD 2019	YTD 2018		NOVEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	29	357	287	AVERAGE DAILY CENSUS	10.6	7.7	8.9
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	317	2580	2988
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	70%	51%	60%
Other - EPP	1	2	11				
TOTAL	30	359	298	DISCHARGES	29	355	296
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	196	2655	2687
Readmit within 30 days	2	28	33				
				AVERAGE LENGTH OF STAY	7	7.5	9
IN/OUT	3	22	29				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	28	320	255	Brown	7	8	16
Door	1	10	2	Door	4	3	1
Kewaunee	0	4	1	Kewaunee	0	1	0
Oconto	0	6	9	Oconto	0	1	9
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	9	18	Shawano	0	1	4
Waupaca	0	0	1	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	1	4	6	Outagamie	1	2	4
Manitowoc	0	1	1	Manitowoc	0	0	0
Winnebago	0	0	1	Winnebago	0	0	0
Other	0	5	4	Other	0	4	12
TOTAL	30	359	298	TOTAL	7	7	9

**BROWN COUNTY COMMUNITY TREATMENT CENTER
DECEMBER 2019 BAY HAVEN STATISTICS**

	DECEMBER	YTD 2019	YTD 2018		DECEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	19	376	309	AVERAGE DAILY CENSUS	10.1	7.9	8.8
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	313	2893	3218
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	67%	53%	59%
Other - EPP	1	3	11				
TOTAL	20	379	320	DISCHARGES	22	377	317
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	149	2804	2809
Readmit within 30 days	1	29	36				
				AVERAGE LENGTH OF STAY	7	7.4	9
IN/OUT	3	25	31				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	20	340	274	Brown	7	8	11
Door	0	10	3	Door	0	1	4
Kewaunee	0	4	3	Kewaunee	0	0	1
Oconto	0	6	9	Oconto	0	0	5
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	9	18	Shawano	0	0	2
Waupaca	0	0	1	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	4	6	Outagamie	0	1	2
Manitowoc	0	1	1	Manitowoc	0	0	0
Winnebago	0	0	1	Winnebago	0	0	0
Other	0	5	4	Other	0	2	6
TOTAL	20	379	320	TOTAL	7	7	9

**BROWN COUNTY COMMUNITY TREATMENT CENTER
NOVEMBER 2019 NICOLET PSYCHIATRIC CENTER STATISTICS**

	NOVEMBER	YTD 2019	YTD 2018		NOVEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	33	184	159	AVERAGE DAILY CENSUS	11.2	12.1	11.4
Emergency Detention - Mental Illness	19	343	460				
Return from Conditional Release	6	88	79	INPATIENT SERVICE DAYS	337	4034	3794
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	7	6	BED OCCUPANCY	70%	75%	71%
Other 3 Party Petition	1	1	1				
TOTAL	59	623	705	DISCHARGES	55	622	707
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	303	3992	3684
Readmit within 30 days	8	82	65				
				AVERAGE LENGTH OF STAY	6	6	5
IN/OUT	3	26	17				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	53	547	578	Brown	6	7	5
Door	0	6	10	Door	0	1	5
Kewaunee	0	3	5	Kewaunee	0	2	2
Oconto	0	11	18	Oconto	0	1	1
Marinette	1	2	12	Marinette	3	2	1
Shawano	0	6	8	Shawano	0	1	1
Waupaca	0	0	3	Waupaca	0	0	2
Menominee	1	4	0	Menominee	3	2	0
Outagamie	0	9	18	Outagamie	0	1	3
Manitowoc	0	9	15	Manitowoc	0	4	1
Winnebago	0	0	2	Winnebago	0	0	0
Other	4	26	36	Other	10	8	10
TOTAL	59	623	705	TOTAL	6	6	5

**BROWN COUNTY COMMUNITY TREATMENT CENTER
DECEMBER 2019 NICOLET PSYCHIATRIC CENTER STATISTICS**

	DECEMBER	YTD 2019	YTD 2018		DECEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	26	210	183	AVERAGE DAILY CENSUS	12.2	12.1	11.3
Emergency Detention - Mental Illness	26	369	494				
Return from Conditional Release	5	93	86	INPATIENT SERVICE DAYS	378	4412	4133
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	2	9	6	BED OCCUPANCY	76%	76%	71%
Other	0	1	1				
TOTAL	59	682	770	DISCHARGES	60	682	768
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	378	4370	4124
Readmit within 30 days	4	86	73				
				AVERAGE LENGTH OF STAY	6	6	5
IN/OUT	4	30	21				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	51	598	631	Brown	6	6	6
Door	1	7	14	Door	4	2	5
Kewaunee	0	3	5	Kewaunee	0	1	1
Oconto	2	13	18	Oconto	5	3	1
Marinette	1	3	12	Marinette	5	4	0
Shawano	1	7	8	Shawano	2	1	0
Waupaca	0	0	3	Waupaca	0	0	6
Menominee	0	4	0	Menominee	0	1	0
Outagamie	1	10	22	Outagamie	0	1	4
Manitowoc	1	10	18	Manitowoc	0	2	3
Winnebago	0	0	2	Winnebago	0	0	0
Other	1	27	37	Other	4	6	5
TOTAL	59	682	770	TOTAL	6	6	5

Bayshore Village
NOVEMBER
2019 Statistics

NURSING HOME			
ADMISSIONS	NOV 2019	Yr to Date 2019	Yr to Date 2018
From Nicolet Psychiatric Center	0	1	0
From General Hospital	0	1	1
From Nursing Home	0	6	3
From Home	0	0	1
From Residential Care Facilities	0	1	1
Protective Placement	2	23	24
Other	0	0	1
Total	2	32	31
Re-admit from hospital stay (Unit chart was not closed)	1	2	0
DISCHARGES	NOV 2019	Yr to Date 2019	Yr to Date 2018
To Nicolet Psychiatric Center	0	0	1
To General Hospital	0	0	0
To Nursing Home	0	0	1
To Home	0	1	6
To Alternate Care Programs	0	0	0
To Residential Care Facilities	0	9	6
Expired	0	13	18
Other	0	1	5
Total	0	24	37
Bed Occupancy Including Payable (Bed Hold Days)	99.5	96.0	95.5
D/C to Hospital (Unit chart not closed)	1	2	0
Total Service Days	NOV 2019	Yr to Date 2019	Yr to Date 2018
SNF - (Skilled Nursing Facility)	1881	20232	20100
Paid Bed Hold Days	6	47	118
Total Payable Days	1887	20279	20218
Unpaid Bed Hold Days	0	5	13
Total	1887	20284	20231
Number days D/C to hospital (not billable)	1	1	0
Average Daily Census	NOV 2019	Yr to Date 2019	Yr to Date 2018
Avg Census (Payable Days) (total days/total beds)	99.8	96.4	96.1
Avg Census (All Days) (total days/total beds)	99.8	96.4	96.1
Avg Daily Census Bayshore Village(63 Beds)	62.7	60.7	60.5
** Nursing Home client with DD1A Level of Care			

9a1

Bayshore Village
December
2019 Statistics

NURSING HOME			
ADMISSIONS	DEC 2019	Yr to Date 2019	Yr to Date 2018
From Nicolet Psychiatric Center	0	1	0
From General Hospital	0	1	1
From Nursing Home	0	6	6
From Home	0	0	2
From Residential Care Facilities	0	1	1
Protective Placement	2	25	25
Other	0	0	1
Total	2	34	36
Re-admit from hospital stay (Unit chart was not closed)	1	2	0
DISCHARGES	DEC 2019	Yr to Date 2019	Yr to Date 2018
To Nicolet Psychiatric Center	0	0	1
To General Hospital	0	0	0
To Nursing Home	0	0	2
To Home	0	1	6
To Alternate Care Programs	0	0	0
To Residential Care Facilities	0	9	6
Expired	2	15	22
Other	0	1	5
Total	2	26	42
Bed Occupancy Including Payable (Bed Hold Days)	99.7	96.0	94.9
D/C to Hospital (Unit chart not closed)	1	2	0
Total Service Days	DEC 2019	Yr to Date 2019	Yr to Date 2018
SNF - (Skilled Nursing Facility)	1926	22157	21820
Paid Bed Hold Days	22	69	118
Total Payable Days	1948	22226	21938
Unpaid Bed Hold Days	0	5	22
Total	1948	22231	21960
Number days D/C to hospital (not billable)	1	1	0
Average Daily Census	DEC 2019	Yr to Date 2019	Yr to Date 2018
Avg Census (Payable Days) (total days/total beds)	99.7	96.6	95.4
Avg Census (All Days) (total days/total beds)	99.7	96.7	95.4
Avg. Daily Census Bayshore Village(63 Beds)	62.8	60.9	60.1
** Nursing Home client with DD1A Level of Care			

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CTC Double Shifts Worked — November 1-30, 2019

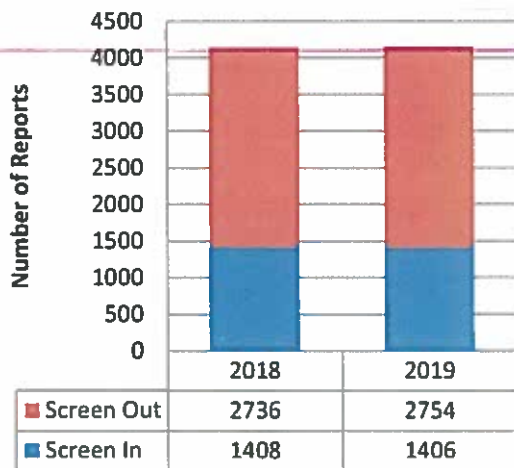
Employee Name	Classification	Date(s)	Shifts Worked
Begalke, John	CNA	November 10	AM / PM
		November 1, 3, 6, 15, 16, 17, 21, 22, 23, 25, 27, 28, 30	PM / NOC
		November 11	NOC / AM
Broadnax, Olympia	CNA	November 28, 30	AM / PM
Dimitrova, Maggie	CNA	November 3, 17, 26	AM / PM
Harrill, Diane	CNA	November 5, 7, 7, 8, 9, 10, 12, 14, 15, 19, 22, 23, 24, 29	PM / NOC
Harrill, Linda	CNA	November 2, 16	AM / PM
Joachim, Bob	CNA	November 2	AM / PM
Molina, Brandon	CNA	November 16, 17	AM / PM
Porter, Becky	RN	November 9, 10	PM / NOC
Rose, Joe	CNA	November 28	AM / PM
Seidl, Chelsea	CNA	November 16	NOC / AM
vonBerlichingen, Annelise	CNA	November 5	AM / PM

CTC Double Shifts Worked — December 1-31, 2019

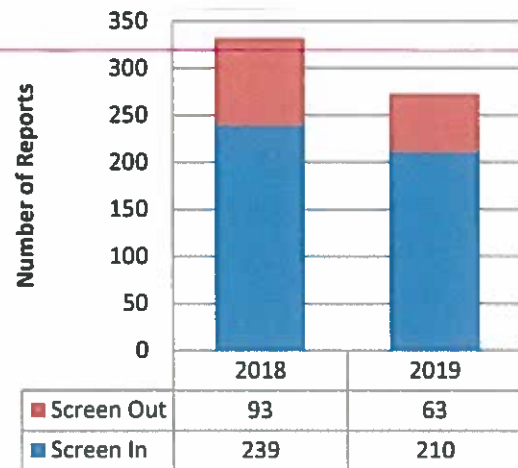
Employee Name	Classification	Date(s)	Shifts Worked
Begalke, John	CNA	December 22	AM / PM
		December 1, 2, 3, 4, 6, 9, 11, 12, 13, 14, 15, 19, 23, 28, 29, 30, 31	PM / NOC
		December 7, 25, 26	NOC / AM
Dimitrova, Maggie	CNA	December 13	AM / PM
Harrill, Diane	CNA	December 2, 3, 6, 7, 8, 10, 12, 13, 21, 22, 24, 26, 27, 31	PM / NOC
Harrill, Linda	CNA	December 15	AM / PM
Joachim, Bob	CNA	December 1, 15, 28	AM / PM
Kahler, Sandy	LPN	December 21, 24	PM / NOC
Molina, Brandon	CNA	December 1	AM / PM
Pieper, Jenny	RN	December 1	PM / NOC
Rodriguez, Ana	RN	December 13	AM / PM
Van Iten, Resa	LPN	December 11	AM / PM
Weso, Binnay	RN	December 21	AM / PM

Child Protection Statistics: November, 2019

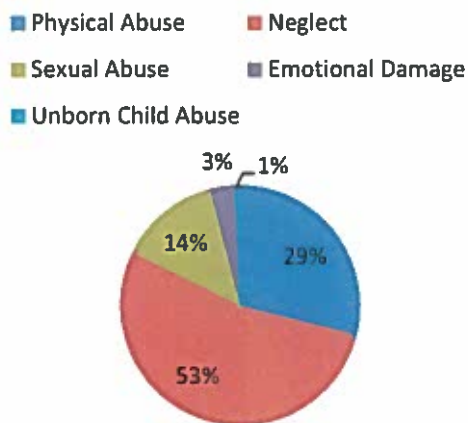
**Year to Date:
CPS Referrals**



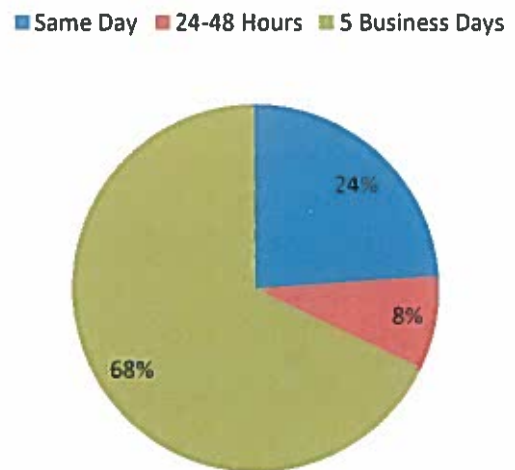
**Year to Date:
Service Requests**



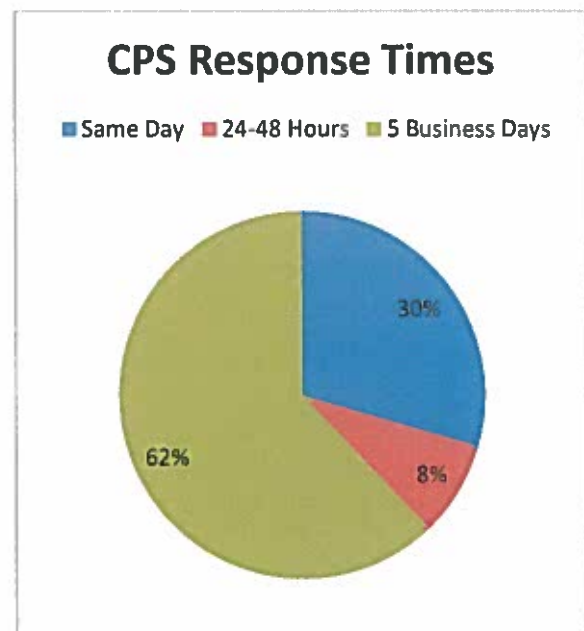
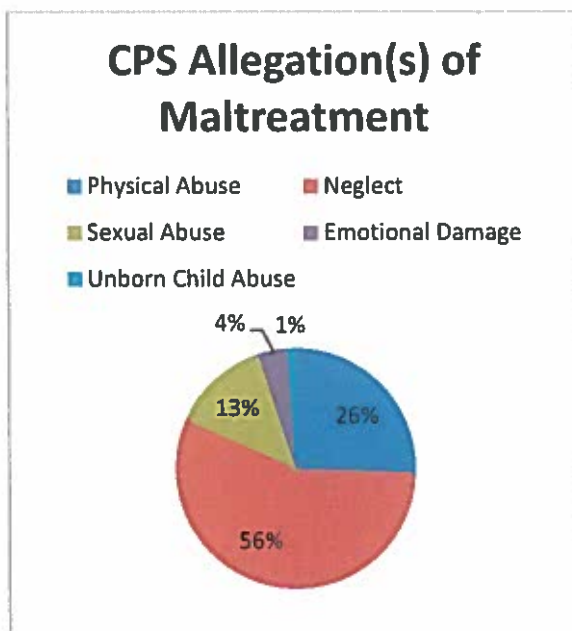
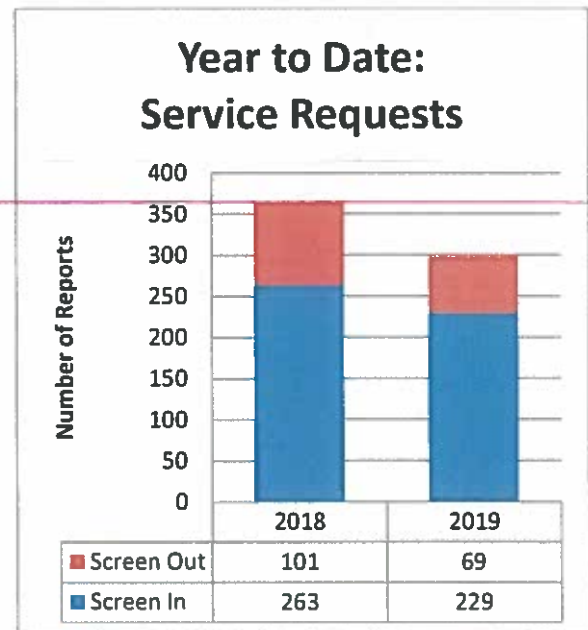
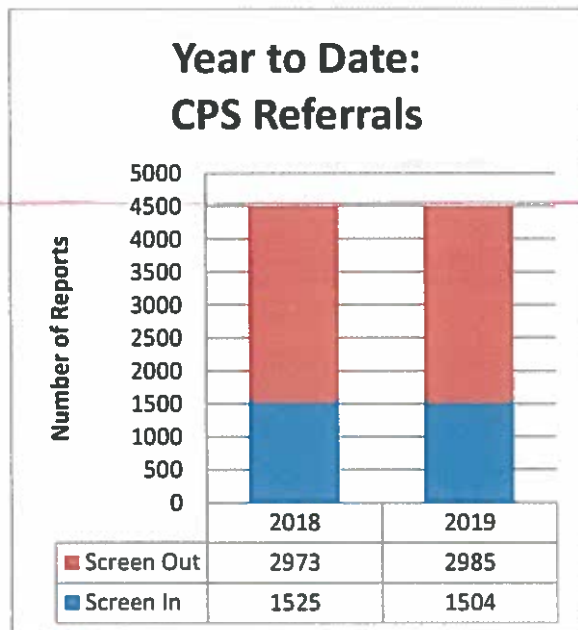
**CPS Allegation(s) of
Maltreatment**



CPS Response Times



Child Protection Statistics: December, 2019



Throughout all of 2019, there were 4489 child neglect and abuse referrals made to the Brown County Child Protection Unit. An overwhelming majority of the concerns reported were in regard to neglect referrals, specifically parental substance use concerns. Physical abuse concerns represented 24% of the allegations of maltreatment and sexual abuse concerns represented 15% of the allegations of maltreatment.

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
101 Mobility	Medical/therapeutic supplies and equipment and home modifications	Children	\$50,000
Acceptional Minds	Living skills for autistic and/or behaviorally-challenged children and their families	Children	\$600,000
A & J Vans	Vehicle modifications for families with disabled children	Families of disabled children	\$65,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	\$90,000
ADL Monitoring Solutions	UA observed collection and transport for veterans treatment court	AODA adults	\$20,000
Advocates for Healthy Transitional Living	Treatment foster care placing agency, group social/learning skills, respite care, CCS Services	High behavioral needs children	\$945,000
Anderson, Campell Educational Teaching (ACE)	Daily living skills training	Children with long-term care needs	\$60,000
Anna's House Assisted Living	CBRF (assisted living)	MH/AODA	\$100,000
ASPIRO	Birth to 3 services, respite, prevocational training, adult day programming	Children with disabilities	\$910,000
Assisted Living by Hillcrest (Allouez Parkside Village #1 and #2)	CBRF (assisted living) for APS use	At-risk adults	\$75,000
Bellin Health Occupational Health Solutions	Drug screenings and transporting inpatient clients to court	Adult parents	\$10,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	\$250,000
Berry House (Robert E. Berry House)	CBRF (assisted living) that takes individuals with backgrounds in violent crimes	MH	\$115,000
Better Days Mentoring	Youth mentoring services, daily living skills, CCS services	Youth	\$725,000
Boll Adult Care Concepts	Corporate adult family home (assisted living) with CCS services for high needs behavioral health	MH/AODA	\$500,000
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	\$500,000
Caravel Autism Health	Social learning groups for children with social communication challenges	Children with long-term care needs	\$20,000
Care for All Ages (CFAA)	CBRF (assisted living), child day care (day care used sparingly)	PD with MH issues	\$55,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	\$160,000
CP Center	Respite and daily living skills	Children with long-term care needs	\$75,000
Childrens Service Society	Treatment foster care placing agency	Children	\$10,000
Chileda Institute	Children high-needs residential care center (RCC)	High behavioral needs children	\$175,000
Cisler Construction	Home remodeling/modifications	Families of long-term care children	\$50,000
Clarity Care	CBRF (assisted living), home health care	PD with MH issues	\$10,000
Clinicare - Milwaukee Academy	Youth (all female) high-needs residential care center (RCC); serve sex-trafficking victims	High behavioral needs children	\$145,000

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**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Communication Pathways	Social learning groups for children with social communication challenges	Children with long-term care needs	\$60,000
Compass Development	CBRF (assisted living)	PD with MH issues	\$62,000
Cordoba Residence	1-2 bed corporate adult family home (AKA 'Community Care Home') specializing in 1:1 care	MH needing 1:1 care	\$210,000
Curative Connections	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA and LTC children	\$420,000
Curo Care	Corporate adult family homes (assisted living)	PD with MH issues	\$200,000
Deer Path Assisted Living	CBRF, corporate adult family homes (assisted living)	MH/AODA	\$120,000
Dodge County (DBA Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs, CCS services	Families of juvenile offenders	\$30,000
Encompass Child Care	Child day care	Children	\$50,000
Engberg AFH	1-2 bed traditional adult family home	MH	\$22,000
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with long-term care needs	\$62,000
Expressive Therapies	Music therapy for children	Children with long-term care needs	\$32,000
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	\$3,250,000
Family Training Program	Parenting/family skills training	CPS parents, parents of juvenile offenders	\$290,000
Family Works Programs	Treatment foster care placing agency	Children	\$25,000
Foundations Health and Wholeness	Treatment foster care placing agency and CCS Services	Children and adults	\$200,000
Friendship House	Group home for juvenile offenders	Juvenile offenders	\$100,000
The Gathering Place	CCS peer support services	MH/AODA	\$25,000
Generations Community Services	CCS services	Children	\$100,000
Golden House	Domestic abuse services	Adults in need	\$63,086
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	\$24,000
Goodwill Industries	Prevocational services	PD with MH issues	\$2,500
Green Bay Area Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	N/A
Greenfield Rehabilitation Agency	Birth to 3 services	Children with disabilities	\$510,000

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Helping Hands Caregivers	Supportive home care, children's respite	PD with MH issues; children with disabilities	\$25,000
Home Instead Senior Care	Supportive home care	PD with MH issues	\$8,000
Homes for Independent Living	CBRF (assisted living)	MH	\$200,000
Hopeful Haven	Treatment foster care placing agency	Children	\$12,000
HME Home Medical	Medical and therapeutic supplies and equipment	Children	\$55,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	\$65,000
Independent Mobility Plus	Medical and therapeutic supplies and equipment	Children	\$50,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$95,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	\$1,850,000
Jackie Nitschke Center	AODA residential and intensive outpatient services	AODA adults and youth	\$165,000
Jacobs Fence	Fence building and repair	Families of long-term care children	\$90,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers		\$985,000
KUEHG - Kindercare	Child day care	Children	\$85,000
Kismet Advocacy	Mentoring, living skills for autistic and/or behaviorally-challenged children and their families	Children with long-term care needs	\$915,000
Kimbrough, Ellen AFH	1-2 bed traditional adult family home	MH	\$30,000
Lad Lake	Youth high-needs residential care center (RCC)	High behavioral needs children	\$150,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	\$905,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center (RCC)	High behavioral needs children	\$615,000
Macht Village Programs (MVP)	Respite care, counseling, daily living skills, treatment foster care child placing agency	High behavioral needs children	\$700,000
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	\$55,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	\$60,000
Milestones Behavioral Pediatrics	Social learning groups for children with social communication challenges	Children with long-term care needs	\$20,000
MobilityWorks	Vehicle modifications for families with disabled children	Families of disabled children	\$95,000
Moon Beach Camp	Summer camp for children with autism	Children with long-term care needs	\$20,000
Mooring Programs	AODA residential services	AODA adults	\$100,000
My Brother's Keeper	Male Mentoring Program	Juvenile males	\$10,000
Mystic Meadows	Corporate AFH (assisted living)	MH/AODA	\$320,000

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
NEW Community Shelter Northwest Passage	Homeless sheltering services Children high-needs residential care center (RCC)	MH High behavioral needs children	\$40,000 \$125,000
Nova Counseling Services	AODA residential services	AODA adults	\$50,000
Oconomowoc Development Training Center (Genesee Lake)	Residential care center (RCC) for lower functioning teens	Developmentally delayed youth	\$175,000
Options Counseling Services (Koinonia)	AODA residential services	AODA adults	\$35,000
Options for Independent Living	CCS peer support services, home modification assessments	MH/AODA	\$10,000
Options Treatment Program	AODA treatment	AODA youth and adults	\$40,000
Paragon Industries	Daily respite care	Children with long-term care needs	\$260,000
Parmentier AFH	3-4 bed traditional adult family home	MH	\$44,500
Pathways Treatment	AODA residential treatment for dual diagnosis clients	AODA/MH (dual diagnosis)	\$375,000
Pillar and Vine	Treatment foster care placing agency	Children	\$25,000
Prevea Health WorkMed	Drug screenings	CPS parents, AODA, JJ youth	\$85,000
PRN Home Health and Therapy (formerly Nurses PRN)	Skilled nursing services	Children	\$45,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	\$340,000
Productive Living Systems (Pnuma LLC)	CBRF (assisted living)	PD with MH issues	\$120,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	\$25,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	\$100,000
Rawhide	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$500,000
REDI Transports (Formerly WI Lock and Load)	Provides secure transportation to/from GB to other state facilities	MH, JJ	\$60,000
Rehabilitation House	Transitional CBRF (assisted living) for co-occurring AODA/MH	MH/AODA	\$60,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	\$200,000
Saint A	Treatment foster care placing agency	Children	\$42,000
Social Thinkers	Social learning groups for children with social communication challenges	Children with long-term care needs	\$22,500
Smith Receiving Home	Receiving home for emergency placements	Children in need	N/A
Spectrum Behavioral Health	CCS services	Children	\$100,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	Children with disabilities	\$250,000
Tellurian	Residential detox	AODA	\$55,000
Tim Halbrook Builders	Home remodeling/modifications	Families of long-term care children	\$50,000

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Tomorrow's Children	Children high-needs residential care center (RCC)	High behavioral needs children	\$100,000
Treatment Providers (Dr. Fatoki)	Medication Assisted Treatment (MAT) for opioid abuse treatment	AODA	\$60,000
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Very high-needs MH	\$1,400,000
United Translators	Interpreter/translation services	Non-english speaking	\$10,000
VanLanen Receiving Home	Receiving home for emergency placements	Children in need	N/A
Villa Hope	CBRF (assisted living), supportive apartment program	MH/AODA	\$1,400,000
Walking and Wheeling	Medical/therapeutic supplies and equipment and home modifications	Children	\$85,000
Willow Creek Behavioral Health (SBH)	Inpatient psychiatric and detox services	MH/AODA	\$200,000
Wisconsin Family Ties	Family support and advocacy services	Parents of MH/juvenile offenders	\$26,000

Brown County Health and Human Services
New Non-Contracted and Contracted Providers
 January 2, 2020

REQUEST FOR NON-CONTRACTED PROVIDER			
PROVIDER	SERVICE DESCRIPTION	NOT-TO-EXCEED AMOUNT	DATE
Green Bay Fusion	Class for CLTS child	\$10,000	11/7/19
Conni's Family Day Care	Child care for CPS child	\$10,000	11/19/19
Corporate Guardians of NEW Individual	Guardianship services for clients	\$10,000	11/19/19
Individual	Respite for CPS child	\$10,000	11/10/19
Oconto Area Child Care	Short-term day care for CPS child	\$10,000	11/10/19
MJ Smith Properties	Temporary housing for CPS family	\$10,000	11/19/19
QFP Townhomes	Rent for CPS family	\$10,000	11/19/19
Shellyn Real Estate Management	Rent for CPS family	\$10,000	11/19/19
Buddy Up Tennis	Class for CLTS child	\$10,000	11/19/19
Individual	Respite for CPS child	\$10,000	11/26/19
Individual	Respite for CPS child	\$10,000	12/3/19
Tender Heart	Child care for CPS child	\$10,000	12/10/19
Individual	Security deposit for CPS family	\$10,000	12/16/19
Individual	Respite for CPS child	\$10,000	12/16/19
Hatch Properties	Rent for CPS family	\$10,000	12/16/19

REQUEST FOR NEW PROVIDER CONTRACT				
PROVIDER	SERVICE DESCRIPTION	TARGET CLIENTS	NOT-TO-EXCEED CONTRACT AMOUNT	DATE
Hopeful Haven	Treatment Foster Care Placing Agency	Children	\$12,000	11/1/19